

EXHIBIT D

1105121 0-943-207-1
Step 2 CK Request Form

United States Medical Licensing Examination® (USMLE®)

REQUEST FOR TEST ACCOMMODATIONS*Use this form if you are requesting accommodations on USMLE for the first time*

The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Review the USMLE Guidelines for Test Accommodations at www.usmle.org for a detailed description of how to document a need for accommodation.
- Complete all sections of this request form and submit it together with all required documentation at the same time you submit your Step exam application.
- Incomplete, illegible, or unsigned request forms and/or insufficient supporting documentation will delay processing of your request.
- Do not send originals. Please retain the originals of all documentation that you submit as we are unable to return submissions or provide duplicate copies to third parties.
- Submitting duplicate and/or bound documentation may delay processing of your request.
- NBME will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within a few days of submitting your request, please contact Disability Services at 215-590-9700. You may be asked to submit additional documentation to complete your request.
- Requests are processed in the order in which they are received. Allow at least 60 days for processing of your request. Processing cannot begin until sufficient information is received by NBME and your Step exam registration is complete.
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at disabilityservices@nbme.org or by telephone at 215-590-9700.

You MUST provide supporting documentation verifying your current functional impairment.

In order to document your need for accommodation, submit the following with this form:

- ✓ A personal statement describing your disability and its impact on your daily life and educational functioning.
- ✓ Supporting documentation such as psychoeducational evaluations; medical records; copies of report cards, academic and score transcripts; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; verification of prior academic/test accommodations; etc.
- ✓ A complete and comprehensive evaluation. Reports from qualified professionals must be typewritten on letterhead, signed and include the professional's qualifications.

USMLE® Request for Test Accommodations

Section A: Exam Information

Place a check next to the examination(s) for which you are currently registered and requesting test accommodations: (Check all that apply)

- ☐ Step 1
- ☒ Step 2 CK (Clinical Knowledge)
- ☐ Step 2 CS (Clinical Skills)
- ☐ Step 3

Section B: Biographical Information

Please type or print.

B1. Name:	Messenger	Bryan	W
	Last	First	Middle Initial

B2. Gender: ☒ Male ☐ Female

B3. Date of Birth:

B4. USMLE # 0 9 4 3 2 0 7 1 (required)

B5. Address:

1113 Magnolia Lane

Street

Branchburg

New Jersey

08876

City

State/Province

Zip/Postal Code

United States of America

Country

385-329-6781

Daytime Telephone Number

Alternate Telephone Number

messenger.bryan@gmail.com

E-mail address

B6. Medical School Name: St. George's University

Country of Medical School: Grenada

Date of Medical School Graduation: March 2017

USMLE® Request for Test Accommodations

Section C: Accommodations Information

C1. Do you require wheelchair access at the examination facility? ☐ Yes ☒ No

If yes, and you require an adjustable height computer table, indicate the number of inches required from the bottom of the table to the floor: _____

C2. Describe the accommodation(s) you are requesting. Accommodations must be appropriate to the impairment within the context of the examination task and setting:

Extra time to take the test.

C3. Check **ONLY ONE** box for the exam(s) for which you are registered.

STEP 1:**Additional Break Time**

☐ Additional break time over 1 day

☐ Additional break time over 2 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

Additional Testing Time

☐ 25% Additional test time (Time and 1/4) over 2 days

☐ 50% Additional test time (Time and 1/2) over 2 days

☐ 100% Additional test time (Double time) over 2 days

STEP 2 CK:**Additional Break Time**

☐ Additional break time over 2 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

Additional Testing Time

☐ 25% Additional test time (Time and 1/4) over 2 days

☒ 50% Additional test time (Time and 1/2) over 2 days

☒ 100% Additional test time (Double time) over 2 days

STEP 3:**Additional Break Time**

☐ Additional break time over 4 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 4 days

Additional Testing Time

☐ 25% Additional test time (Time and 1/4) over 3 days

☐ 50% Additional test time (Time and 1/2) over 4 days

☐ 100% Additional test time (Double time) over 5 days

STEP 2 CS:

Describe the accommodations you are requesting for each section of Step 2 CS (i.e., patient encounter, patient note). If you are requesting additional time, state the amount of additional time you require in minutes per encounter/note.

☐ Patient Encounter: _____

☐ Patient Note: _____

USMLE® Request for Test Accommodations

Section D: Information About Your Impairment


D1. Check the box that best describes the **nature of your impairment** and list the year it was first diagnosed by a qualified professional. Check only those for which you are requesting accommodations.

Sensory	Year first diagnosed
<input type="checkbox"/> Hearing	_____
<input type="checkbox"/> Vision	_____
<input type="checkbox"/> Other (specify): _____	_____
Learning	
<input checked="" type="checkbox"/> Reading	2011
<input type="checkbox"/> Writing	_____
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Other (specify): _____	_____
Language	
<input type="checkbox"/> Expressive	_____
<input type="checkbox"/> Receptive	_____
<input type="checkbox"/> Other (specify): _____	_____
Physical	
<input type="checkbox"/> Mobility/motor	_____
<input type="checkbox"/> Endocrine	_____
<input type="checkbox"/> Neurological	_____
<input type="checkbox"/> Other (specify): _____	_____
Psychiatric	
<input type="checkbox"/> Anxiety Disorder	_____
<input type="checkbox"/> Depression/Mood Disorder	_____
<input type="checkbox"/> Attention Deficit/Hyperactivity Disorder	_____
<input type="checkbox"/> Other (specify): _____	_____
Other Impairment (specify) _____	_____

D2. List your **current DSM/ICD** diagnosis/diagnoses for which you are requesting accommodations:

Dyslexia

D3. Personal Statement


-  **Attach a signed and dated personal statement describing your impairments(s) and their impact on daily life.** Narratives should **not** be confined to standardized test performance. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limit your current functioning in a major life activity. In your own words, discuss how your impairment(s) would interfere with your access to the relevant USMLE Step and how the specific accommodation(s) you are requesting will alleviate this impact.

USMLE® Request for Test Accommodations

Section E: Accommodation History

STANDARDIZED EXAMINATIONS

E1. List accommodations you received for all standardized examinations such as college, graduate and professional school admissions tests and professional licensure and certification examinations. If no accommodations were provided, write NONE.


 Attach copies of official documentation from each testing agency confirming the test accommodations they provided.

 Attached a copy of your official examination score report(s).

	DATE(S) ADMINISTERED	ACCOMMODATION(S) PROVIDED
<input type="checkbox"/> SAT®, ACT®	04/99, 12/99	None
<input type="checkbox"/> MCAT®	4/2007, 8/2007, 9/2008, 5/2010	None
<input type="checkbox"/> GRE®		
<input type="checkbox"/> GMAT®		
<input type="checkbox"/> LSAT®		
<input type="checkbox"/> DAT®		
<input type="checkbox"/> COMLEX®		
<input type="checkbox"/> Bar Examination(s)		
<input type="checkbox"/> Other(s)		


POSTSECONDARY EDUCATION

E2. List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

 Attach copies of official records from the school(s) listed confirming the accommodations they provided.

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
Medical/Graduate/ Professional School	St George's University	Double time.	Jan 2012 to May 2014
Undergraduate School			

E3. Certification of Prior Test Accommodations

 If you receive/received accommodations in medical school and/or residency, the appropriate official at your medical school/residency must complete and submit the Certification of Prior Test Accommodations form available at www.usmle.org.

USMLE® Request for Test Accommodations

PRIMARY AND SECONDARY SCHOOL

E4. List each school and all formal accommodations you received, and the dates accommodations were provided:

📎 Attach copies of official records from the school(s) listed confirming the accommodations they provided.

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
High School	Timpview HS	IEP	1996 -2000
		Reading Class	1996
Middle School	Farrer Middle School	IEP	1994 - 1996
		Resource classes	
Elementary School	Canyon Crest	IEP	1989 - 1994
		Resource classes	

Section F: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information (see "Indeterminate Scores and Irregular Behavior"), if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): Bryan Messenger

Signature: *Bryan Messenger* Date: 10/21/2016

USMLE® Request for Test Accommodations

What to Submit

- ✓ Legible copies of all documents, not originals
- ✓ Typewritten and signed letters and reports from professionals on their letterhead
- ✓ Complete reports with all pages including test scores
- ✓ All documents in English. You are responsible for providing certified English translations of all non-English documentation
- ✓ Childhood records - if your request is based on a developmental disorder (e.g., LD, dyslexia, ADHD)
- ✓ Official transcripts and standardized test score reports
- ✓ Documentation beyond self-report of your functional impairment
- ✓ Documentation of your functional impairment in activities other than test-taking

What NOT to Submit

- * Original documents
- * Handwritten or unsigned letters from physicians or evaluators
- * Copies of reports with redactions or missing pages
- * Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- * Duplicate documentation previously submitted to Disability Services
- * Previous correspondence from Disability Services
- * Research articles, your résumé or curriculum vita
- * Staples, binders, page protectors, folders, or similar items

Mail, fax or e-mail (as a pdf) your completed request form and supporting documents to the address below at the same time you submit your Step examination application.

**Disability Services
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3190
Telephone: (215) 590-9700
Facsimile: (215) 590-9422
E-mail: disabilityservices@nbme.org**



ACT ASSESSMENT STUDENT REPORT

(For more information, see Using Your ACT Assessment Results.)

TYPE OF TESTING: NATIONAL

MESSINGER BRYAN M

79 W 4500 N

PROVO UT 84604-5518

RECEIVED
NOV 16 2016
Disability Services

HSC 450-326

80700-0001687125

YOUR ACT TEST SCORES

Your 04/99 ACT scores, listed below, provide one way to estimate your level of educational development. The ranks show how your scores compare with those of college-bound students who took the ACT on a national test date. For instance, your MATHEMATICS score (24) has a rank of 75. This means that 75% of the college-bound students scored at or below your MATHEMATICS score. The rank of your Composite (average) score indicates that your overall educational development is likely in the lower quarter of ACT-tested college-bound students. Compared with all high school students (not just college-bound) your ranks would be higher.

To emphasize that test scores are only estimates, bands are drawn around your ranks. Check the bands for the four tests (English, Math, Reading, Science-Reasoning). If bands for two tests do not overlap, your ranks probably differ. For three of the tests, additional scores (subscores) are provided. Check the subscore bands for English, then Math, then Reading. If the subscore bands for a test do not overlap, your ranks probably differ. Use the bands to identify knowledge and skill areas you may want to work on. The areas are described in *Using Your ACT Assessment Results*.

KNOWLEDGE AND SKILL AREAS	SCORES (1-36) (1-18)	RANK PERCENTILES FOR COLLEGE-BOUND STUDENTS WHO TOOK ACT TESTS									
ENGLISH	11	1	10	25	50	75	80	90	99		
Usage/Mechanics	04		05								
Rhetorical Skills	07		04								
MATHEMATICS	24										
Pre-Algebra/Elem. Alg.	13										
Alg/Coord. Geometry	11										
Plane Geometry/Trig.	13										
READING	14										
Soc. Studies/Sciences	06										
Art/Literature	07										
SCIENCE REASONING	20										
COMPOSITE (Average)	17										

H.S. GPA computed from grades you reported in English, Math,

Natural Sciences & Social Studies (4.0 Scale) = 3.31

YOUR COLLEGE PLANNING

Admissions standards differ among colleges and, sometimes, among programs of study within a college. A list of typical class ranks and ACT composite scores at colleges with different admissions policies is provided on the back of this report. Check with the admissions office at the college of your choice if you have any questions.

The table below gives information about the colleges you listed when you registered for the ACT. For example, BRIGHAM YOUNG UNIV has a selective admissions policy. Your ACT composite score is estimated to rank in the lower tenth of entering students. The average high school GPA for freshmen is 3.70--higher than the 3.31 for the grades you reported. Students with ACT scores and grades like yours, if admitted to this college, would have about 9 chances in 10 of earning a "C" average or higher during the freshman year. Since you did not list a program of study when you registered for the ACT, that column contains dashes. The approximate cost of tuition/fees is \$2700/year, which does not include housing, meals, books, transportation, etc. The percent of freshmen offered financial aid is not available.

If you feel your scores are low, don't be discouraged. Many students with similar scores succeed in the college programs they choose. The College Planning section can help you explore your options.

MESSINGER BRYAN M
79 W 4500 N
PROVO UT 84604-5518
0001687

1105651
0-943-207-1
ACT scores - Test Scores (

000009



ACT ASSESSMENT STUDENT REPORT

(For more information, see *Using Your ACT Assessment Results*.)

MESSENGER BRYAN W

79 W 4500 N

PROVO UT 84604-5518

HSC 450-326

90340-000126978S

TYPE OF TESTING: NATIONAL

YOUR ACT TEST SCORES

Your 12/99 ACT scores, listed below, provide one way to estimate your level of educational development. The ranks show how your scores compare with those of college-bound students who took the ACT on a national test date. For instance, your MATHEMATICS score (27) has a rank of 89. This means that 89% of the college-bound students scored at or below your MATHEMATICS score. The rank of your Composite (average) score indicates that your overall educational development is likely in the middle half of ACT-tested college-bound students. Compared with all high school students (not just college-bound) your ranks would be higher.

To emphasize that test scores are only estimates, bands are drawn around your ranks. Check the bands for the four tests (English, Math, Reading, Science Reasoning). If bands for two tests do not overlap, your ranks probably differ. For three of the tests, additional scores (subscores) are provided. Check the subscore bands for English, then Math, then Reading. If the subscore bands for a test do not overlap, your ranks probably differ. Use the bands to identify knowledge and skill areas you may want to work on. The areas are described in *Using Your ACT Assessment Results*.

If you feel your scores are low, don't be discouraged. Many students with similar scores succeed in the college programs they choose. The College Planning section can help you explore your options.

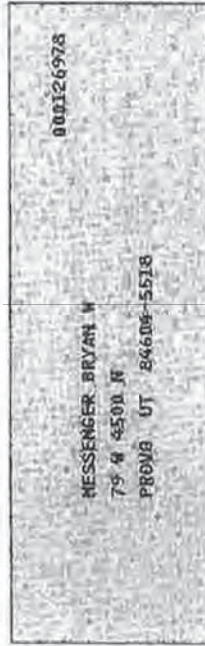
KNOWLEDGE AND SKILL AREAS	SCORES (1-36) (1-18)	RANK PERCENT OF COLLEGE-BOUND STUDENTS AT OR BELOW YOUR SCORE									
1	25	50	75	90	99						
ENGLISH											
Usage/Mechanics	18										
Rhetorical Skills	08										
MATHEMATICS	27										
Pre-Algebra/Elem. Alg.	15										
Alg/Coord. Geometry	13										
Plane Geometry/Trig.	14										
READING	16										
Soc. Studies/Sciences	07										
Art/Literature	08										
SCIENCE REASONING	20										
COMPOSITE (Average)	20										

H.S. GPA computed from grades you reported in English, Math, Natural Sciences & Social Studies (4.0 Scale) = 3.31

YOUR COLLEGE PLANNING

Admissions standards differ among colleges and, sometimes, among programs of study within a college. A list of typical class ranks and ACT composite scores at colleges with different admissions policies is provided on the back of this report. Check with the admissions office at the college of your choice if you have any questions.

The table below gives information about the colleges you listed when you registered for the ACT. For example, BRIGHAM YOUNG UNIV has a selective admissions policy. Your ACT composite score is estimated to rank in the lower tenth of entering students. The average high school GPA for freshmen is 3.70--higher than the 3.31 for the grades you reported. Students with ACT scores and grades like yours, if admitted to this college, would have about 9 chances in 10 of earning a "C" average or higher during the freshman year. Since you did not list a program of study when you registered for the ACT, that column contains dashes. The approximate cost of tuition/fees is \$2800/year, which does not include housing, meals, books, transportation, etc. The percent of freshmen offered financial aid is not available.



000010

Timpview High School Transcript

3570 N 650 E

Provo, Utah

801.221.9720

Fax > 801.374.4880

AUG 9, 2005

BRYAN W MESSENGER

Birthdate >
Guardian > KENT D MESSENGER
Address > 79 W 4500 N
> PROVO, UT 84604

STD# > 873474
SS# >
Entry > 07/01/1996
Withdrawal date > / /

** Grade 9 (1996-1997)

Subject	t1	t2	t3	t4	Crd	Alt
Information Processing	C-	B+			.50	
English 9			B-	B	.50	
Reading	A	A-			.50	
Tech Prep Algebra 1B	A	A	A	A	1.00	
Concert Band	A	A	A	A	1.00	
SS-Marching Band		A			.25	
Fall Marching Band	A				.25	
Bpe/Skill & Tech			A-	A	.50	
Geography	A	A	A	A	1.00	
Res Study Skills	A	A	A	A	1.00	

** Grade 10 (1997-1998)

Subject	t1	t2	t3	t4	Crd	Alt
Driver Education / Auto	A				.25	
Auto / Maintenance Tech		B+			.25	
English 10	C	C	B	B+	1.00	
SS-Algebra 2	B+	B			.50	THSS
Algebra 2AB	C+	D	B	C	1.00	
Symphonic Band	A	A-	A	A	1.00	
SS-Band	A				.25	THSS
Fall Marching Band	A	N			.25	
Health			B	A	.50	
Biology	A-	B+	B+	A-	1.00	
US History	B	C	B+	B+	1.00	

** Grade 11 (1998-1999)

Subject	t1	t2	t3	t4	Crd	Alt
Commercial Photo 1	A	A			.50	
Commercial Photo 2			A	A	.50	
English 11	B-	B-	C-	C	1.00	
Geometry Honors	A	A-			.50	
Trigonometry Honors			B	A-	.50	
Symphonic Band	A-	A	A	A	1.00	
SS-Marching Band	A				.25	THSS
Fall Marching Band	A	A			.50	
Physics	C+	C+	C	C+	1.00	
Ancient World	A	B			.50	
Psychology			B	A	.50	

** Grade 12 (1999-2000)

Subject	t1	t2	t3	t4	Crd	Alt
Commercial Photo 2			A	A	.50	
Yearbook	A	A	B		.75	
English 12	C+	B+	C-	B+	1.00	
Calculus AP-AB	C	B	B+	B-	1.00	
Symphonic Band	A	A	A	A	1.00	
SS-Marching Band	A				.25	THSS
Release Time					.00	
Internship			P		.25	
Internship	A	A	P	P	1.00	
Internship	A	A	P		.75	
Teacher assistant	P	P			.50	

Grade Point Average / Credit earned

Grade	Term1	Term2	Term3	Term4	Year	Credit
9	3.671	3.871	3.733	3.833	3.777	6.50
10	3.389	2.643	3.300	3.417	3.189	7.00
11	3.600	3.400	2.950	3.350	3.348	6.75
12	3.486	3.733	3.220	3.525	3.500	7.00
Overall					3.446	27.25

Current Class Standing
Overall G.P.A. 3.446
Class rank 191
Class size 464

Standardized Test Results

American College Test	ENGL	MATH	READ	S.R.	COMP
1999-04 SCORE	11	24	14	20	17
1999-12 SCORE	18	27	16	20	20

Advanced Placement Date 2000.05 Score 2 Test description Mathematics: Calculus AB

School Official / Registrar

(unofficial unless signed and stamped)

(High School) May 26, 2000
Graduation / Date



1105652 0-943-207-1
HS transcripts -School Re

RECEIVED

NOV 16 2016

Disability Services

000012

STUDENT PROFILE

DISTRICT/AREA PROVO

TEST ELEM READING GRADE THREE

GRADE LEVEL 03

TEST NUMBER 00000RD0303-A

DATE OF TESTING APRIL 30, 1991

NUMBER TESTED 785

SCHOOL/CLASS CANYON CREST E/BITTS


STUDENT/REPORT MESSENGER, BRYAN W

UTAH
PUBLIC
SCHOOLS

I.D. 2873474

STANDARDS OR CONCEPTS	Student			Group Average					STUDENT PERCENT CORRECT COMPARED TO MINIMUM EXPECTED PERCENT CORRECT						
	Percent % Correct	Minimum Expected % Correct	Above/Below Expected %	Class	School	Area	District	State	% Points Below Expected		Minimum Expected % Correct		% Points Above Expected		
									< 45	30	15	↓	15	30	45 >
STRUCTURAL ANALYSIS	80	80	+	94	86		81								
COMPOUND WORDS	67	67	+	94	83		73								
PLURALS	50	50	+	80	61		62								
WORD ENDINGS	100	50	+	100	99		96								
COMPARISON	100	67	+	100	96		92								
VOCABULARY	75	75	+	92	87		79								
LEVEL WORD DEFINITIONS	80	80	+	93	91		80								
CONTEXT	80	80	+	93	92		83								
SYNONYMS	40	60	-	85	72		65								
ANTONYMS	100	80	+	96	92		86								
COMPREHENSION	67	73	-	88	87		78								
DETAIL	80	70	+	89	86		77								
SEQUENCE	60	80	-	94	92		82								
MAIN IDEA	100	80	+	87	84		74								
INFERENCE	40	70	-	86	87		78								
TOTAL TEST	72			90	87		79								

Objectives	NUMBER CORRECT/POSSIBLE	PERCENT CORRECT	Objectives	NUMBER CORRECT/POSSIBLE	PERCENT CORRECT
STRUCTURAL ANALYSIS	8/10	80			
COMPOUND WORDS	2/3	67			
PLURALS	1/2	50			
WORD ENDINGS	2/2	100			
COMPARISON	3/3	100			
VOCABULARY	15/20	75			
LEVEL WORD DEFINITIONS	4/5	80			
CONTEXT	4/5	80			
SYNONYMS	2/5	40			
ANTONYMS	5/5	100			
COMPREHENSION	20/30	67			
DETAIL	8/10	80			
SEQUENCE	3/5	60			
MAIN IDEA	5/5	100			
INFERENCE	4/10	40			


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ords. 3-5 transcripts -S

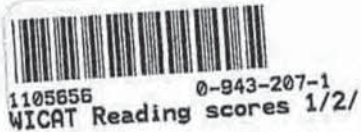
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NOV 16 2010
Disability Services

DISTRICT/AREA
PROVOTEST STANFORD ACHIEVEMENT TEST GRADE LEVEL FIFTH FALL
LEVEL INTERMEDIATE 1
FORM J
DATE OF TESTING 10/92SCHOOL CANYON CREST ELEM
STUDENT/REPORT MESSENGER, BRYAN
I.D. 2873474# 114 UTAH
PUBLIC
SCHOOLS

SUB TESTS	RAW SCORE	SCALED SCORE	NCE	GRADE EQUIVALENT	NATL %TILE	THE STUDENT'S TEST SCORE WITHIN THE BAND IS A COMPARISON WITH STUDENTS TESTED NATIONALLY.													NO. TESTED
						PERCENTILE RANK													
						STANDARD													
						BELOW AVERAGE			AVERAGE			ABOVE AVERAGE							
READING VOCABULARY	16586	27		14													988		
READ COMPREHENSION	16565	19		7													988		
TOTAL READING	32574	19		7													987		
CONCEPT OF NUMBERS	26651	63		73													987		
MATH COMPUTATION	28621	53		56													987		
MATH APPLICATIONS	35672	70		83													989		
TOTAL MATH	89644	63		73													986		
LANGUAGE MECHANICS	20616	43		36													985		
LANGUAGE EXPRESSION	16606	40		31													985		
TOTAL LANGUAGE	36611	40		32													984		
SPELLING	17595	32		19													985		
STUDY SKILLS	20628	47		45													985		
LISTENING	35654	69		82													986		
BAS. TOTAL BATTERY	229613	43		36													976		
SCIENCE	20588	31		18													987		
SOCIAL SCIENCE	16568	26		13													986		
USING INFORMATION	26633	51		52													976		
THINKING SKILLS	37628	55		59													976		
CONCEPTS					BELOW AVG	AVG	ABOVE AVG	CONCEPTS					BELOW AVG	AVG	ABOVE AVG				
READING VOCABULARY					***			PUNCTUATION											
SYNONYMS					***			APPLIED GRAMMAR					***						
VOCABULARY IN CONTEXT					***			LANGUAGE EXPRESSION					***						
MULTIPLE MEANINGS					***			SENTENCE CORRECTNESS					***						
READ COMPREHENSION					***			SENTENCE EFFECTIVENESS					***						
RECREATIONAL READING					***			SPELLING					***						
TEXTUAL READING					***			STUDY SKILLS					***						
FUNCTIONAL READING					***			LIBRARY/REFERENCE SKILLS					***						
LITERAL COMPREHENSION					***			INFORMATION SKILLS					***						
INFERENTIAL COMPREHENSION					***			THINKING SKILLS					***						
CRITICAL COMPREHENSION					***			LISTENING					***						
THINKING SKILLS					***			VOCABULARY					***						
CONCEPT OF NUMBERS					***			LISTENING COMPREHENSION					***						
WHOLE NUMBERS						***		THINKING SKILLS					***						
FRACTIONS						***		SCIENCE					***						
DECIMALS						***		PHYSICAL SCIENCE					***						
OPERATIONS AND PROPERTIES					***			BIOLOGICAL SCIENCE					***						
THINKING SKILLS					***			EARTH/SPACE SCIENCE					***						
MATHEMATICS COMPUTATION					***			SCIENCE PROCESS SKILLS					***						
ADD & SUB WITH WHOLE NUMBERS					***			INQUIRY SKILLS/USING INFO.					***						
MULTIPLY WITH WHOLE NUMBERS					***			THINKING SKILLS					***						
DIVISION WITH WHOLE NUMBERS					***			SOCIAL SCIENCE					***						
ADD & SUB. WITH DECIMALS					***			GEOGRAPHY					***						
ADD & SUB. FRACTIONS					***			HISTORY					***						
MATHEMATICS APPLICATIONS						***		POLITICAL SCIENCE					***						
PROBLEM SOLVING						***		ECONOMICS					***						
GRAPHS AND CHARTS						***		PSYCH/SOCIO/ANTHRO					***						
GEOMETRY/MEASUREMENT					***			INQUIRY SKILLS/USING INFO.					***						
THINKING SKILLS					***			THINKING SKILLS					***						
LANGUAGE MECHANICS					***														
CAPITALIZATION					***														

FORM 2147

000018



PRIMO SCHOOL DISTRICT
CAMDEN CREST CLUBS (10607)
STUDENT REPORT BY ACTIVITY

RECEIVED

NOV 16 2016

PAGE 1

WICAT: WICAT Reading I 251/08; 1356165, Backe
 REPORT DATE: 02/13/91, 9:32 am
 ACTIVITY: Activity Type

STUDENT: MESSENGER, BRYAN

ACTIVITY TYPE

ACTIVITY	%	RAW SCORE	TIME	DATE COMPL
WIC - Phonics: Rhyming - IT				
PP2283 - foot, sea	100	7/7	0:04	01/02/91
PP2284 - cat, sun	100	5/5	0:03	01/02/91
PP2285 - day, bee	100	5/5	0:03	01/02/91
PP2286 - two, now	100	5/5	0:03	01/03/91
PP2287 - atch, itch	100	5/5	0:03	01/03/91
PP2288 - up, dance	100	5/5	0:03	01/03/91
PP2289 - ate, life	100	5/5	0:03	01/04/91
PP2290 - by, -s	100	5/5	0:03	01/04/91
PP2291 - to	100	3/3	0:02	01/04/91
PP2292 - and, -ed	100	5/5	0:03	01/07/91
PP2293 - in	100	3/3	0:02	01/07/91
PP2294 - read, -ite	100	7/7	0:04	01/07/91
WIC - Sight Words: Recognition				
SWR282 - parties, emergency, exit	100	4/4	0:02	01/02/91
SWR283 - reached, moving, wild	100	5/5	0:02	01/02/91
SWR284 - caution, possible, explain	83	7/8	0:04	01/03/91
SWR285 - practice, distance, gold	100	5/5	0:02	01/03/91
SWR286 - center, size, although	100	5/5	0:02	01/03/91
SWR287 - quite, simple, past	100	5/5	0:02	01/04/91
SWR288 - poor, else, heart	100	4/4	0:02	01/04/91
SWR289 - easy, area, miss	100	4/4	0:02	01/07/91
SWR290 - carried, field, least	100	4/4	0:02	01/07/91
SWR291 - points, music, buy	100	4/4	0:01	01/07/91
SWR292 - window, single, passed	100	4/4	0:02	01/08/91
SWR293 - travel, cities, circle	100	4/4	0:01	01/08/91
SWR294 - called, correct, straight	100	5/5	0:02	01/08/91
SWR295 - color, numbers, yourself	100	4/4	0:02	01/08/91
SWR296 - excited, nearly, moment	83	8/9	0:04	01/09/91
SWR297 - bright, rent, present	100	5/5	0:02	01/09/91
SWR298 - machine, information,	100	5/5	0:02	01/09/91
SWR299 - call, waste, suppose	100	4/4	0:02	01/09/91
SWR300 - green, inches, couldn't	100	4/4	0:02	01/09/91
SWR301 - rabbit, walk, middle	100	5/5	0:02	01/10/91
SWR302 - child, strange, eggs	100	4/4	0:02	01/10/91
SWR303 - tea, fill, choose	100	4/4	0:02	01/10/91
SWR304 - discovered, famous, trouble	80	3/10	0:05	01/11/91
SWR305 - interesting, necessary,	100	4/4	0:02	01/11/91
WIC - Sight Words: In Context				
SWI306 - Sight Word Sentences	100	4/4	0:02	01/02/91
SWI307 - Sight Word Sentences	100	4/4	0:02	01/02/91

* Optional, scores not included in averages
 SCORE = #correct/#attempts

* SCORE = #correct/#attempts

000021

STUDENT REPORT BY ACTIVITY (cont.)

PAGE 1

CLASS: MICH Reading I 231/02; Hablitz, Beane

REPORT RANGE: 01/21/91 to 03/13/91

REPORT DATES: 03/13/91, 9:32 am

SORTED BY: Activity Type

STUDENT: HANSEN, SP/04 female

ACTIVITY TYPE

ACTIVITY	%	RAW SCORE	TIME	DATE COMPLE
Vocab - Vocab: Multiple Meanings (cont.)				
Vocab10-felt, fine	85	7/8	0:03	01/28/91
Vocab10-float, duck	75	5/8	0:04	01/28/91
Vocab11-crow, sand	100	5/6	0:03	01/28/91
Vocab11-bark, cat	100	5/6	0:03	01/28/91
Vocab13-beat, act	75	8/11	0:06	01/28/91
Vocab14-bell, type	80	8/10	0:04	01/24/91
Vocab15-sick, even	100	6/6	0:06	01/25/91
Vocab16-handle, fine	83	7/8	0:04	01/25/91
Vocab17-fine, light	88	7/8	0:04	01/28/91
Vocab18-iron, wind	88	7/8	0:04	01/29/91
Vocab19-gear, nest	88	7/8	0:04	01/29/91
Vocab20-right, rose	100	6/6	0:04	01/29/91
Vocab21-point, process	88	7/8	0:03	01/30/91
Vocab22-coast, can	88	8/10	0:03	01/30/91
Vocab23-bail, card	100	5/6	0:03	01/31/91
Vocab24-slab, can	88	7/8	0:03	02/01/91
Vocab25-ash, eye, pat	88	7/8	0:04	02/01/91
Vocab26-lot, peck	100	5/6	0:02	02/04/91
Vocab27-perish, liquid	88	7/8	0:05	02/04/91
Vocab28-bare, boy	88	7/8	0:03	02/05/91
Vocab29-change, charge	100	6/6	0:04	02/05/91
Vocab30-aw, check	88	7/8	0:03	02/15/91
Vocab31-snow, check	100	6/6	0:03	02/18/91
Vocab32-slip, seed	100	6/6	0:02	02/20/91
Vocab33-date, deal	100	5/6	0:02	02/20/91
Vocab34-deck, diamond	88	8/10	0:04	02/21/91
Vocab35-sharp, fair	88	8/10	0:04	02/22/91
Vocab36-fan, felt	88	8/10	0:04	02/25/91
Vocab37-five, fly	100	6/6	0:03	02/25/91
Vocab38-fer, stamp	88	8/10	0:03	02/26/91
Vocab39-allow, stop	100	6/6	0:03	02/27/91
Vocab40-static, story	100	6/6	0:02	02/28/91
Vocab41-st-like, swallow	88	8/10	0:03	02/28/91
Vocab42-bag, bat	88	7/8	0:03	03/01/91
Vocab43-wrap, sand	75	8/11	0:04	03/04/91
Vocab44-spring, saw	88	8/10	0:04	03/05/91
Vocab45-xenon, set	88	7/8	0:03	03/05/91
Vocab46-shade, short	100	5/6	0:03	03/06/91
Vocab47-crow, side	100	5/6	0:02	03/06/91
Vocab48-light, roll	100	5/6	0:03	03/09/91
Vocab49-top, turn	88	8/10	0:03	03/11/91
Vocab50-trip, turn	100	6/6	0:04	03/12/91

n = Optional, scores not included in averages

RAW SCORE = Number of Attempts

% SCORE = Raw Score / Attempts

STUDENT REPORT BY ACTIVITY (cont.)

PAGE 5

CLASS: NICAR Reading I 231402; Tibbitts, Debra
 PERIOD: 04/02/91 to 03/13/91 REPORT DATE: 03/13/91, 9:33 am
 SUBJECT: Activity Type

STUDENT: MESSENGER, BRYAN (cont.)

ACTIVITY TYPE				
ACTIVITY	#	RAW SCORE	TIME	DATE COMPL
Vocab - Vocab: Multiple Meanings (cont.)				
VOC301-watch, part	52	7/8	0:03	03/12/91
VOC - Vocab: Context Cue Analysis				
VOC301-Digging For Meaning	67	2/3	0:02	01/11/91
VOC302-Digging For Meaning	22	2/9	0:10	01/16/91
VOC303-Digging For Meaning	01	1/9	2:00	01/16/91
VOC304-Digging For Meaning	40	2/5	0:09	01/17/91
VOC305-Digging For Meaning	60	2/5	0:05	01/22/91
VOC306-Digging For Meaning	29	2/7	0:08	01/23/91
VOC307-Digging For Meaning	60	3/3	0:04	01/24/91
VOC308-Digging For Meaning	13	1/5	0:07	01/25/91
VOC309-Digging For Meaning	25	2/8	0:08	01/28/91
VOC310-Digging For Meaning	100	3/3	0:04	01/29/91
VOC311-Digging For Meaning	25	2/8	0:07	01/30/91
VOC312-Digging For Meaning	19	2/10	0:14	01/31/91
VOC313-Digging For Meaning	50	4/9	0:09	02/01/91
VOC314-Digging For Meaning	35	5/11	0:11	02/04/91
VOC315-Digging For Meaning	33	5/12	0:18	02/15/91
VOC316-Digging For Meaning	35	5/13	0:16	02/19/91
VOC317-Digging For Meaning	60	6/10	0:13	02/21/91
VOC318-Digging For Meaning	55	5/9	0:15	02/22/91
VOC319-Digging For Meaning	56	5/9	0:19	02/26/91
VOC320-Digging For Meaning	45	5/13	0:17	02/28/91
VOC321-Digging For Meaning	45	5/11	0:15	03/01/91
VOC322-Digging For Meaning	42	5/14	0:14	03/04/91
VOC323-Digging For Meaning	27	4/15	0:16	03/06/91
VOC324-Digging For Meaning	13	3/15	0:00	03/08/91
VOC325-Digging For Meaning	37	4/7	0:13	03/11/91
VOC326-Digging For Meaning		STARTED		
AVERAGE WITHIN DATE RANGE	22	—	0:04	—
TOTAL WITHIN DATE RANGE	—	1155/1527	12:56	—
# ACTIVITIES COMPLETED, WITHIN DATE RANGE:	122			

o = Optional, scores not included in averages
 Raw SCORE = #correct/#attempts

% SCORE = #correct/#attempts

STUDENT REPORT OF ACTIVITY (cont.)

PAGE 2

Class: WYOM Reading - 231001; 11551113, Deane

Report Period: 01/02/91 to 03/13/91

REPORT DATE: 03/12/91, 4:12 AM

Report By: Activity Type

STUDENT: MESSINGER, DYON (cont.)

ACTIVITY CODE

ACTIVITY

S ROW SCORE TIME DATE COMPL

001 Light Words: In Context (cont.)

000284-Sight Word Sentences	100	4/4	0:01	01/02/91
000285-Sight Word Sentences	100	4/4	0:01	01/03/91
000286-Sight Word Sentences	100	4/4	0:01	01/03/91
000287-Sight Word Sentences	100	4/4	0:01	01/04/91
000288-Sight Word Sentences	100	5/5	0:02	01/04/91
000289-Sight Word Sentences	100	4/4	0:01	01/04/91
000290-Sight Word Sentences	63	5/5	0:03	01/07/91
000291-Sight Word Sentences	100	5/5	0:02	01/07/91
000292-Sight Word Sentences	88	7/8	0:02	01/08/91
000293-Sight Word Sentences	100	4/4	0:02	01/08/91
000294-Sight Word Sentences	100	4/4	0:01	01/08/91
000295-Sight Word Sentences	69	6/9	0:04	01/08/91
000296-Sight Word Sentences	100	4/4	0:01	01/08/91
000297-Sight Word Sentences	100	4/4	0:02	01/09/91
000298-Sight Word Sentences	100	4/4	0:02	01/09/91
000299-Sight Word Sentences	100	4/4	0:02	01/09/91
000300-Sight Word Sentences	100	4/4	0:02	01/09/91
000301-Sight Word Sentences	100	4/4	0:02	01/10/91
000302-Sight Word Sentences	100	4/4	0:02	01/10/91
000303-Sight Word Sentences	100	4/4	0:02	01/10/91
000304-Sight Word Sentences	88	7/8	0:03	01/10/91
000305-Sight Word Sentences	89	8/9	0:05	01/10/91
000306-Sight Word Sentences	100	5/5	0:02	01/11/91
000307-Sight Word Sentences	100	4/4	0:02	01/11/91

008 Words: Semantic Analysis

000308-avoid, mislead	88	7/8	0:03	01/11/91
000309-avoid, mislead	88	7/8	0:02	01/15/91
000310-apprentice, athletic	88	7/8	0:02	01/15/91
000311-avoid, banner	88	7/8	0:02	01/16/91
000312-avoid, banner	73	11/15	0:04	01/16/91
000313-avoid, banner	88	8/14	0:03	01/17/91
000314-brilliant, bulge	73	9/11	0:02	01/17/91
000315-capacity, cascade	88	10/19	0:07	01/18/91
000316-collapse, concentrate	73	8/11	0:03	01/18/91
000317-collapse, concentrate	47	7/15	0:04	01/22/91
000318-collapse, concentrate	69	7/11	0:03	01/22/91
000319-collapse, concentrate	69	8/12	0:05	01/23/91
000320-collapse, concentrate	100	8/8	0:01	01/23/91
000321-collapse, concentrate	64	7/11	0:04	01/24/91
000322-collapse, concentrate	78	7/10	0:04	01/24/91
000323-collapse, concentrate	78	8/11	0:04	01/25/91
000324-collapse, concentrate	62	8/12	0:05	01/28/91
000325-collapse, concentrate	64	7/11	0:04	01/28/91

* Optional, scores not included in average

* CODE = correct/#attempts

* SCORE = correct/#attempts

STUDENT REPORT BY ACTIVITY (cont.)

PAGE 3

STUDENT: WILLIAM Thompson I 251/02; T401104, Dorte
 REPORT PERIOD: 01/02/91 to 03/13/91 REPORT DATE: 03/13/91, 9:32 AM
 SERVICE BY: Activity Test

STUDENT: MESSENGER, BRYAN (cont.)

ACTIVITY CODE

ACTIVITY

#

RAW SCORE

TIME

DATE COMPL

VST - Vocabulary Semantic Analysis (cont.)

VST019-fatigue, flicker	100	8/8	0:02	01/29/91
VST020-foreman, formula	85	9/11	0:03	01/29/91
VST021-frequent, flavor	80	10/16	0:04	01/30/91
VST022-gallant, parent	73	9/11	0:03	01/30/91
VST023-gendia, generate	59	11/16	0:03	01/30/91
VST024-gleam, glass	55	6/11	0:02	01/31/91
VST025-produce, harsh	88	7/8	0:02	02/01/91
VST026-reckless, restate	71	10/14	0:03	02/01/91
VST027-risist, resist	69	9/11	0:03	02/04/91
VST028-saver, humid	59	9/14	0:05	02/05/91
VST029-incident, indicate	73	8/11	0:03	02/05/91
VST030-inhabit, inlet	82	9/11	0:03	02/15/91
VST031-interior, interest	64	9/14	0:04	02/15/91
VST032-invent, invite	87	9/14	0:04	02/20/91
VST033-jack, jam	71	10/14	0:03	02/20/91
VST034-lack, lack	100	8/8	0:03	02/21/91
VST035-lacquer, launch	57	8/14	0:04	02/21/91
VST036-legal, lever	100	8/8	0:04	02/25/91
VST037-linger, lops	55	6/11	0:04	02/25/91
VST038-linge, magnify	100	8/8	0:03	02/26/91
VST039-majestic, mild	73	8/11	0:03	02/27/91
VST040-noble, noise	82	9/11	0:03	02/28/91
VST041-nourish, studio	73	8/11	0:03	02/28/91
VST042-narrator, navigate	100	8/8	0:03	03/01/91
VST043-negative, noon	82	11/13	0:03	03/04/91
VST044-neutral, nudge	69	8/13	0:06	03/04/91
VST045-nozzle, noise	82	9/11	0:03	03/05/91
VST046-obedient, objective	64	7/11	0:03	03/06/91
VST047-obstacle, opponent	73	8/11	0:03	03/06/91
VST048-originate, outskirts	71	10/14	0:04	03/08/91
VST049-past, peninsula	64	9/14	0:07	03/11/91
VST050-perceive, petrify	100	8/8	0:03	03/11/91
VST051-plenitude, portrait	100	8/8	0:06	03/12/91
WT - Words: Multiple Meanings				
WT001-ward, ring	80	8/10	0:06	01/11/91
WT002-rw, sop	55	7/8	0:05	01/15/91
WT003-pound, park	70	7/10	0:05	01/15/91
WT004-pen, pilot	100	6/6	0:02	01/16/91
WT005-pardon, match	100	6/6	0:03	01/16/91
WT006-say, mine	80	7/8	0:03	01/17/91
WT007-ground, hard	100	6/6	0:04	01/17/91
WT008-feed, fast	82	8/13	0:06	01/18/91

0 = Omissions, scores not included in averages

RAW SCORE = Correct/Attempts

% SCORE = Raw Score/Attempts

79 W. 4500 N. 4000, ut. 84604 phone. 225-78.
(Kint + Jane Ann Messinger)

Jvo School District
Provo, Utah 84604

SpEd 6
June 95
D.D.

Individualized Education Program (IEP)

Student Bryan Messinger Birthdate _____ Date of IEP 10-24-96
School Imperial Primary Language of Parent/Guardian English
Classification Learning Disabled

Note: In conjunction with this IEP, provide parents with a copy of Procedural Safeguards and Prior Notice/Documentation with IEP and Placement sections completed.

Special Education and Related Services

Special Education Program Amount of Time: 104 min ☒ Daily ☐ Weekly

The following related services are required for student to benefit from special education: N.A.

Amount of Time: _____ ☐ Daily ☐ Weekly

Amount of Time: _____ ☐ Daily ☐ Weekly

☐ Check if transportation will be provided.

Projected date of initiation of these services, if other than date of IEP: _____

Anticipated duration of the services: ☒ One year from initiation date, OR ☐ Other: _____

Participation in Regular Education programs

Regular Education Program Amount of Time: 208 min ☒ Daily ☐ Weekly

Physical Education (PE) will be addressed through ☒ Regular PE OR ☐ Modified PE

Other: _____

Transition (Applicable for students 16 and over, or who need transition planning)

☒ Transition planning will be addressed through the student's Student Advisement Program or SEOP

☒ Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

— Maintain current placement of:

☒ Regular class/resource ☐ Special class ☐ Special school ☐ Home Instruction ☐ Hosp./Institution

OR

— Change current placement (Complete and attach Documentation of Change of Placement and Prior Notice of change of placement.)

Parent signature signifies participation in the development of the IEP and receipt and understanding of Procedural Safeguards.

IEP Participants

Parent signature* Jane Ann Messinger Date 10/24/96
Parent signature* Bridgette Date 10/24/96
LBA signature Bryan Messinger Date 10/24/96
Student signature Shady Shepard Date 10/24/96
Teacher's signature Shady Shepard Date 10-24-96
Teacher's Signature _____ Date _____
Signature _____ Date _____

*Note: If parent signature is missing, check below:

- ☐ did not attend (document efforts to involve parent)
☐ participated but refused to sign
☐ via telephone (copy of IEP/procedural saf.)
☐ other: _____

IEP Review Participants

Parent signature* Jane Ann Messinger Date 10/24/96
Parent signature* _____ Date _____
LBA signature _____ Date _____
Student signature _____ Date _____
Teacher's signature _____ Date _____
Teacher's Signature _____ Date _____
Signature _____ Date _____

*Note: If parent signature is missing, check below:

- ☐ did not attend (document efforts to involve parent)
☐ participated but refused to sign
copy of IEP/procedural safeguards sent) _____

RECEIVED

NOV 16 2016

Disability Services
000027

1105853 0-943-207-1
SEP 10/24/96 School Recor

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)
(Use multiple sheets as necessary)

SpEd 6a2
© June 95
D.D.

Student: Bryan Messenger Date of IEP: 10-24-96

2 Annual Goal: Bryan will increase independence skills

a • Short Term Objective: Bryan will continue to use a daily planner to record assignments, tests, projects, and check off as completed.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Bryan will self monitor, teachers' records of work completed

Status: Date Started: 10-24-96 Date Mastered: 10-24-97 Other: _____

b • Short Term Objective: Bryan will participate in job awareness testing in SEOP.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

as monitored by counselling office

Status: Date Started: 10-24-96 Date Mastered: _____ Other: _____

• Short Term Objective: _____

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: _____ Date Mastered: _____ Other: _____

School District
Utah 84604

Individualized Education Program (IEP)

SpEd 6a1
June 95
D.D.Student: Bryan MessengerDate of IEP: 10-24-96

Present Levels of Performance:

<u>WCT - 4-95</u>
<u>Basic Reading 4.1</u>
<u>Reading Comprehension 8.5</u>
<u>Basic Writing 4.6</u>
<u>Written Expression 8.4</u>

1 Annual Goal: Bryan will increase academic skillsa • Short Term Objective: Bryan will increase basic reading skills by increasing amount of books read each semester

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Teacher record of books read.Status: Date Started: 10-24-96 Date Mastered: _____ Other: _____b • Short Term Objective: Bryan will increase word decoding skills by reading whole sentences and say "blank" for unknown words, asking for help etc. using dictionary etc.Criteria, evaluation procedures, and schedule for determining whether objective is being achieved: 11/24/97as monitored by Bryan, teachers, & parentsStatus: Date Started: 10-24-96 Date Mastered: _____ Other: _____c • Short Term Objective: Bryan will increase writing skills by keeping a journal daily for reading class, editing write ups for errors himself with mother.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Parent, teacher records, Bryan's self monitoringStatus: Date Started: 10-24-96 Date Mastered: _____ Other: _____

Provo School District
Provo, Utah 84604

Individualized Education Program Addendum Transition Planning

SpEd 6c
©June95
D.D.

Student Bryan Messenger

Date of IEP 10-24-96

POST SCHOOL OUTCOMES

Describe the student's needs, preferences and interests:

pediatrician, teacher elementary,
Enjoy band, interacting with people, little kids

Check possible post school outcome(s) for the student:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Post secondary education | <input type="checkbox"/> Vocational training |
| <input type="checkbox"/> Integrated employment
(including supported employment) | <input type="checkbox"/> Adult services |
| | <input type="checkbox"/> Independent living or community participation |

TRANSITION ACTIVITIES/SERVICES

Check the transition activities/services needed to promote movement from school to the post school outcome(s) checked above. Refer to IEP goals or explain how transition activities/services will be provided. Indicate who will be responsible, and why services may not be needed.

• **Instruction:** See student's IEP and/or SEOP.

• **Community Experiences:** means experiences outside of school, facilitated by the school and designed to achieve post school outcomes (e.g. shopping, accessing the community, transportation, job sampling).

Experiences that will be provided: See IEP goal(s) #

or list experiences:

Rides a bike, will learn to ride

Agency responsible: ☐ School District ☐ Other

OR Statement explaining why service is not needed:

☐ Functions independently in the community. ☐ Other

• **Employment Objectives:** means objectives designed to prepare the student for employment.

Post School Adult Living: means objectives designed to prepare the student for post school adult living.

Employment objective: See IEP Goal(s) #

Agency responsible: ☐ School District ☒ Other

Post school adult living objective: See IEP Goal(s) #

Agency responsible: ☐ School District ☐ Other

OR Statement explaining why service is not needed:

☐ Student is adequately prepared for employment. ☐ Student is adequately prepared for post school adult living.

☒ Other Can cook, clean house, is learning to do laundry.

• **Acquisition of Daily Living Skills:** means skills that prepare the student for daily living. See IEP Goal(s) #

Agency responsible: ☐ School District ☒ Other

☐ Not Appropriate

• **Functional Vocational Evaluation:** means an assessment of student's vocational aptitudes and skills for a supported employment setting.

Agency responsible: ☐ School District ☐ Other

☐ Not Appropriate

If the student did not participate in this plan, indicate the steps taken to ensure the student's preferences were considered.

If a representative of an agency responsible for providing an activity did not participate, indicate the steps that will be taken to obtain the participation of the agency.

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)

SpEd 6
June 95
D.D.

Student Bryan Messenger Birthdate _____ Date of IEP 10-24-97
 School Timpani Primary Language of Parent/Guardian English
 Classification Learning Disabled

Note: In conjunction with this IEP, provide parents with a copy of Procedural Safeguards and Prior Notice/Documentation with IEP and Placement sections completed.

Special Education and Related Services

Special Education Program

Amount of Time: 15 min ☐ Daily ☒ Weekly

The following related services are required for student to benefit from special education:

_____ Amount of Time: _____ ☐ Daily ☐ Weekly_____ Amount of Time: _____ ☐ Daily ☐ Weekly☐ Check if transportation will be provided.

Projected date of initiation of these services, if other than date of IEP: _____

Anticipated duration of the services: ☐ One year from initiation date, OR ☐ Other: _____

Participation in Regular Education programs

Regular Education Program

Amount of Time: _____ ☐ Daily ☐ WeeklyPhysical Education (PE) will be addressed through ☐ Regular PE OR ☐ Modified PE

Other: _____

Transition (Applicable for students 16 and over, or who need transition planning)

☐ Transition planning will be addressed through the student's Student Advisement Program or SEOP☐ Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

— Maintain current placement of:

☐ Regular class/resource ☐ Special class ☐ Special school ☐ Home instruction ☐ Hosp./Institution

OR

— Change current placement (Complete and attach Documentation of Change of Placement and Prior Notice of change of placement.)

Parent signature signifies participation in the development of the IEP and receipt and understanding of Procedural Safeguards.

IEP Participants (Review)

Parent signature*	Date
Parent signature*	Date
LEA signature	Date
Student signature	Date
Teacher's signature	Date
Teacher's Signature	Date
Signature	Date

*Note: If parent signature is missing, check below:

- ☐ did not attend (document efforts to involve parent)
☐ participated but refused to sign
☐ via telephone (copy of IEP/procedural safeguards sent)
☐ other: _____

IEP Review Participants

Parent signature*	Date
Parent signature*	Date
LEA signature	Date
Student signature	Date
Teacher's signature	Date
Teacher's Signature	Date
Signature	Date

*Note: If parent signature is missing, check below:

- ☐ did not attend (document efforts to involve parent)
☐ participated but refused to sign
☐ via telephone (copy of IEP/procedural safeguards sent)
☐ other: _____

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)

SpEd 641
© June 95
D.D.

Student: Bryan Messenger Date of IEP: 10-24-97

Present Levels of Performance:

WCJ	4.95
Basic Reading	4.1
Reading Comp.	8.5
Basic Wrt.	4.6
Writing Comp.	8.4

Annual Goal: Increase Academic skills

- Short Term Objective: Bryan will increase basic reading skills by reading 30 minutes/day 5 days per week.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Bryan teachers, parents

Status: Date Started: 10-24-97 Date Mastered: _____ Other: _____

- Short Term Objective: Bryan will improve decoding skills by spelling new words he does not know 100% of the time

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Bryan Parents, teachers

Status: Date Started: 10-24-97 Date Mastered: _____ Other: _____

- Short Term Objective: Bryan will improve writing skills by recording in a journal 4 days per week each week.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Bryan, teachers, parents

Status: Date Started: 10-24-97 Date Mastered: _____ Other: _____

Provo School District
Provo, Utah 84604

Transition Planning

SpEd 6c
© June 95
D.D.

Student: Frederick, S. J. Date of IEP: 6-20-17

Post School Outcomes

Check the post school outcome(s) for the student and describe.

- ☒ Post secondary education. Describe: ENROLL IN COLLEGE WITH A MAJOR IN EDUCATION
AND A MINOR IN PSYCHOLOGY
- ☐ Vocational training. Describe: _____
- ☐ Integrated employment (includes supported employment). Describe: _____
- ☐ Continuing and adult education. Describe: _____
- ☐ Adult services. Describe: _____
- ☐ Independent living or community participation. Describe: _____

Transition Activities/Services

Check the transition activities/services needed to promote movement from school to the post school outcome(s) checked above. Explain the activities/services and indicate the agency that will be responsible for providing them. If an activity/service is not checked, use the explanation space to indicate why the service is not needed.

- ☐ Instruction. Explanation: _____
Agency responsible: ☐ School District ☐ Other _____
- ☐ Community experiences. Explanation: _____
Agency responsible: ☐ School District ☐ Other _____
- ☐ Employment or other post school adult living objectives. Explanation: _____
Agency responsible: ☐ School District ☐ Other _____
- ☐ Acquisition of daily living skills. Explanation: _____
Agency responsible: ☐ School District ☐ Other _____
- ☐ Functional vocational evaluation. Explanation: _____
Agency responsible: ☐ School District ☐ Other _____

Participants

After completing, have participants sign the IEP.

If the student did not participate in this plan, indicate the steps taken to ensure the student's preferences were considered: _____

If a representative of an agency responsible for providing an activity did not participate, indicate the steps that will be taken to obtain the participation of the agency: _____

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)

SpEd 5
July 98
D.D.Student Jaimee Birthdate 11-1-12 Date of IEP 11-1-17
School Provo Classification Learning Disabled

Services needed to achieve annual goals and advance in general curriculum

•Special education services

	Location	Amount of Time	Frequency
	QR SQ QO		DD QW QO <input checked="" type="checkbox"/> N/A
	QR SQ QO		DD QW QO <input type="checkbox"/> N/A
	QR SQ QO		DD QW QO <input type="checkbox"/> N/A
	QR SQ QO		DD QW QO <input type="checkbox"/> N/A

•Related services required for student to benefit from special education:

	Location	Amount of Time	Frequency
	QR SQ QO		DD QW QO <input checked="" type="checkbox"/> N/A
	QR SQ QO		DD QW QO <input type="checkbox"/> N/A
	QR SQ QO		DD QW QO <input type="checkbox"/> N/A
	QR SQ QO		DD QW QO <input type="checkbox"/> N/A

☐ Check if transportation will be provided.

•Program modifications, supports, or supplementary aids and services in regular education programs

	Frequency
	DD QW QO <input checked="" type="checkbox"/> N/A
	DD QW QO <input type="checkbox"/> N/A
	DD QW QO <input type="checkbox"/> N/A
	DD QW QO <input type="checkbox"/> N/A

R = Regular class, S = Special education class, O = Other, D = Daily, W = Weekly, N/A = Not Applicable

•Projected date of initiation of these services, if other than date of IEP: _____

•Anticipated duration of the services: One year from initiation date, or Other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or ☐ other exceptions, (specify and explain) _____

State and District Assessment

CORE testing The student: ☒ will participate.☐ will participate with modifications. Explain: _____☐ will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____SAT testing The student: ☒ will participate.☐ will not participate because grade level not assessed or☐ will not participate because it does not reflect the content of the student's curriculum. Explain how he/she will be assessed: _____

In developing this IEP, the team considered the following (check if appropriate):

- ☐ Behavioral strategies for the student whose behavior impedes his or her learning or that of others.
- ☐ Language needs for the limited English proficient student as they relate to the IEP.
- ☐ Braille instruction for the student who is blind or visually impaired.
- ☐ Communication and language needs for the student who is deaf or hard of hearing.
- ☐ Assistive technology for the student who, without it, would not benefit from special education.
- ☐ Extended School Year (ESY) for the student who requires it to remain in his or her current least restrictive environment and/or whose attainment of expected level of self-sufficiency and independence is unlikely without it.

Transition (For students beginning at age 14 and younger, if appropriate)

- ☒ Transition planning will be addressed through the student's Student Advisement Program or SEOP
☒ Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

- ☒ Maintain current placement or
☐ Change current placement (Complete Prior Notice for Change of Placement in Special Education.)

Parent Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this program based on the student's needs and represents the free, appropriate public education the student will be provided. You have received and have protection under the Procedural Safeguards which were sent to you upon the student's referral for evaluation. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures and timeline are available from the Utah State Office of Education Coordinator of Special Education (801-538-7706).

IEP Team Participants*

<i>[Signature]</i>	Parent
	LEA
	Student
	Regular Ed Teacher
<i>[Signature]</i>	Special Ed Teacher
	Other
	Other
	Other
	Other

*Note: If parent signature is missing, check below:

- ☐ Did not attend (document efforts to involve parent)
☐ Via telephone
☐ Other: _____

IEP Review Team Participants*

	Parent
	LEA
	Student
	Regular Ed Teacher
	Special Ed Teacher
	Other
	Other
	Other
	Other

*Note: If parent signature is missing, check below:

- ☐ Did not attend (document efforts to involve parent)
☐ Via telephone
☐ Other: _____

Provo School District
Provo, Utah 84604Individualized Education Program (IEP)
(Use multiple sheets as necessary)SpEd 5a1
July 98
D.D.Student Bryan Messinger Date of IEP 9-21-98Measurable Annual Goal: Bryan will implement his imitation
all of many appropriate skillsMethods of how the student's progress towards this goal will be measured: ☐ Test scores ☐ Grades ☒ Work sample ☐ Checklist
☒ Curriculum based assessment ☐ Behavior observations ☐ Other (specify) _____Parents will be informed of student's progress as often as non-disabled students by: ☒ Parent/Teacher Conference ☐ Report Cards
☒ Progress Report ☐ Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

*Short Term Objectives/Benchmarks: Bryan will slow down and
unwind cookies for 100% as he imitates
100% of the time, as measured by
teacher & parent observation and written
work.

Measurable Annual Goal: _____

Methods of how the student's progress towards this goal will be measured: ☐ Test scores ☐ Grades ☐ Work sample ☐ Checklist
☐ Curriculum based assessment ☐ Behavior observations ☐ Other (specify) _____Parents will be informed of student's progress as often as non-disabled students by: ☐ Parent/Teacher Conference ☐ Report Cards
☐ Progress Report ☐ Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

*Short Term Objectives/Benchmarks: _____

Provo School District
Provo, Utah 84604

Individualized Education Program

SpEd 5a
July 98
D.D.Student: Bryan Messenger Date of IEP: 9-21-98

Present Levels of Performance:

For school age students, describe how the student's disability effects student's involvement and progress in the general curriculum.
For preschool age students, describe how the disability effects the student's participation in appropriate activities.

UCI 5-14-98
Applied Problems 16.9
Basic Reading 7.5
Reading Comp. 15.8
Basic Maths 16.9
Written Exp. 9.6

Measurable Annual Goal: Bryan will continue to meet his
annual I.E.P.s.Methods of how the student's progress towards this goal will be measured: ☐ Test scores ☐ Grades ☒ Work sample ☐ Checklist
☐ Curriculum based assessment ☒ Behavior observations ☐ Other (specify) _____Parents will be informed of student's progress as often as non-disabled students by: ☒ Parent/Teacher Conference ☐ Report Cards
☐ Progress Report ☐ Other: _____

Report of progress on Annual Goal:	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not appropriate in this reporting period

•Short Term Objectives/Benchmarks: Bryan will continue his reading
at a level 16.9 at the time as measured
by present observation and tests.

Provo School District
Provo, Utah 84604**Prior Notice of Identification and
Determination of Eligibility for Learning Disabilities**SpEd 3a
© July 98
D.D.Student K. M. Hargrett Date 9-13-99
School Provo Grade 12

Achievement Tests	Date	Ability Tests	Date
<input type="checkbox"/> Woodcock Johnson Part II	_____	<input type="checkbox"/> Woodcock Johnson Part 1	_____
<input type="checkbox"/> PIAT	_____	<input checked="" type="checkbox"/> Weschler Scales	_____
<input type="checkbox"/> Woodcock Reading Mastery	_____	<input type="checkbox"/> K-ABC	_____
<input type="checkbox"/> Key Math	_____	<input type="checkbox"/> Matrix Analogy Test	_____
<input type="checkbox"/> WIAT	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Check area(s) in which this student shows a severe discrepancy:

Attach behavioral observation form and Estimator disk printout(s).

<input type="checkbox"/> Oral Expression	<input type="checkbox"/> Written Expression	<input type="checkbox"/> Listening Comprehension
<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Math Calculations
		<input type="checkbox"/> Math Reasoning

Is the student primarily identified as manifesting any other disabling conditions described in the USOE Special Education Rules? ☐ Yes ☐ NoDoes the severity of this deficiency warrant special education placement? ☐ Yes ☐ NoCan this student's educational needs be addressed without special education services? ☐ Yes ☐ NoAre there educationally relevant medical findings? Attach supporting data. ☐ Yes ☐ No

The relevant behavior noted during the observation of the child and the relationship of that behavior to the child's academic functioning: _____

The team may not identify a student as having a learning disability if the severe discrepancy between ability and achievement is primarily a result of a visual, hearing, or motor impairment; mental retardation; emotional disturbance; or environmental, cultural or economic disadvantage.

The multidisciplinary team has reviewed the evaluation data and proposes the following action:

- ☐ This student has a learning disability, as defined in the Individuals with Disabilities Education Act (IDEA) that adversely affects educational performance and requires specialized instruction. Neither lack of instruction in reading or math, nor limited English proficiency was a factor in this determination.
- ☒ This student does not have a learning disability, as defined in the IDEA, that adversely affects educational performance and does not require specialized instruction.

You have received and have protection under the Procedural Safeguards which were sent to you upon notice of the student's referral for evaluation. You may receive another copy of these Procedural Safeguards from the Special Education teacher. If you have any questions regarding this notice or your Procedural Safeguards, contact the special education teacher at your child's school.

If you have a complaint regarding this process, a copy of the Utah State Office of Education complaint procedures is available from the the Utah State Office of Education Coordinator of Special Education (801-538-7706).

Team Participants	Title
<u> K. M. Hargrett </u>	Parent
<u> Provo </u>	
<u> K. M. Hargrett </u>	
<u> Provo </u>	

Team members must present a separate statement if different from above.

Note: If parent signature is missing, check below:

☐ Did not attend (document efforts to involve parent)

☐ Via telephone

☐ Other: _____

Green copy to file, white copy to parent

000038

Provo School District
Provo, Utah 84604Individualized Education Program Addendum
Transition PlanningSpEd 6c
June 95
D.D.Student Bryan MessengerDate of IEP 10-24-96

POST SCHOOL OUTCOMES

Describe the student's needs, preferences and interests:

education, teacher elementary,
enjoy food, interacting with people, little kids

Check possible post school outcome(s) for the student:

- ☒ Post secondary education ☐ Vocational training
☐ Integrated employment ☐ Adult services
(including supported employment) ☐ Independent living or community participation

TRANSITION ACTIVITIES/SERVICES

Check the transition activities/services needed to promote movement from school to the post school outcome(s) checked above. Refer to IEP goals or explain how transition activities/services will be provided. Indicate who will be responsible, and why services may not be needed.

• **Instruction:** See student's IEP and/or SEOP.• **Community Experiences:** means experiences outside of school, facilitated by the school and designed to achieve post school outcomes (e.g. shopping, accessing the community, transportation, job sampling).

Experiences that will be provided: See IEP goal(s) # _____ or list experiences:

none, will learn to ride WTAAgency responsible: ☐ School District ☐ Other _____

OR Statement explaining why service is not needed:

☐ Functions independently in the community. ☐ Other _____• **Employment Objectives:** means objectives designed to prepare the student for employment.

Post School Adult Living: means objectives designed to prepare the student for post school adult living.

Employment objective: See IEP Goal(s) # _____

Agency responsible: ☐ School District ☒ Other Home

Post school adult living objective: See IEP Goal(s) # _____

Agency responsible: ☐ School District ☐ Other _____

OR Statement explaining why service is not needed:

☐ Student is adequately prepared for employment. ☐ Student is adequately prepared for post school adult living.☐ Other Parent can clean house, in training to do laundry.• **Acquisition of Daily Living Skills:** means skills that prepare the student for daily living. See IEP Goal(s) # _____Agency responsible: ☐ School District ☒ Other Home☐ Not Appropriate• **Functional Vocational Evaluation:** means an assessment of student's vocational aptitudes and skills for a supported employment setting.Agency responsible: ☒ School District ☐ Other _____☐ Not Appropriate

If the student did not participate in this plan, indicate the steps taken to ensure the student's preferences were considered.

If a representative of an agency responsible for providing an activity did not participate, indicate the steps that will be taken to obtain the participation of the agency.

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)

SpEd 6
© June 95
D.D.

Student Bryan P. Seargeant Birthdate 11-1-96 Date of IEP 11-1-96
 School Templeton Primary Language of Parent/Guardian English
 Classification _____

Note: In conjunction with this IEP, provide parents with a copy of Procedural Safeguards and Prior Notice/Documentation with IEP and Placement sections completed.

Special Education and Related Services

Special Education Program Amount of Time: _____ ☐ Daily ☐ Weekly

The following related services are required for student to benefit from special education:

_____ Amount of Time: _____ ☐ Daily ☐ Weekly

_____ Amount of Time: _____ ☐ Daily ☐ Weekly

☐ Check if transportation will be provided.

Projected date of initiation of these services, if other than date of IEP: _____

Anticipated duration of the services: ☒ One year from initiation date, OR ☐ Other: _____

Participation in Regular Education programs

Regular Education Program Amount of Time: _____ ☐ Daily ☐ Weekly

Physical Education (PE) will be addressed through ☒ Regular PE OR ☐ Modified PE

Other: _____

Transition (Applicable for students 16 and over, or who need transition planning)

☒ Transition planning will be addressed through the student's Student Advisement Program or SEOP

☒ Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

— Maintain current placement of:

☒ Regular class/resource ☐ Special class ☐ Special school ☐ Home Instruction ☐ Hosp./Institution

OR

— Change current placement (Complete and attach Documentation of Change of Placement and Prior Notice of change of placement.)

Parent signature signifies participation in the development of the IEP and receipt and understanding of Procedural Safeguards.

IEP Participants

Parent signature*	Date
<u>Jane Ann Seargeant</u>	<u>11/24/96</u>
Parent signature*	Date
LEA signature	Date
<u>M. Seargeant</u>	<u>11/24/96</u>
Student signature	Date
<u>Bryan P. Seargeant</u>	<u>11/24/96</u>
Teacher's signature	Date
<u>M. Seargeant</u>	<u>11/24/96</u>
Teacher's Signature	Date
Signature	Date

*Note: If parent signature is missing, check below:
☐ did not attend (document efforts to involve parent)
☐ participated but refused to sign
☐ via telephone (copy of IEP/procedural safeguards sent)
☐ other: _____

IEP Review Participants

Parent signature*	Date
Parent signature*	Date
LEA signature	Date
Student signature	Date
Teacher's signature	Date
Teacher's Signature	Date
Signature	Date

*Note: If parent signature is missing, check below:
☐ did not attend (document efforts to involve parent)
☐ participated but refused to sign
☐ via telephone (copy of IEP/procedural safeguards sent)
☐ other: _____

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)

SpEd 6a1
© June 95
D.D.

Student: Bryan L. Anderson

Date of IEP: 10-24-96

Present Levels of Performance:

10-5-95
Basic reading 1.1
Reading comprehension 3.5
Basic writing 1.6
Written Expression 5.1

1 Annual Goal: Bryan will increase academic skills

• Short Term Objective: Bryan will increase basic reading skills by increasing amount of books read each semester

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Teacher record of books read.

Status: Date Started: 10-24-96 Date Mastered: _____ Other: _____

• Short Term Objective: Bryan will increase word decoding skills by reading whole sentences and say "blank" on unknown words, asking for help etc. using dictionary etc.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

as monitored by Bryan, teachers, & parents

Status: Date Started: 10-24-96 Date Mastered: _____ Other: _____

• Short Term Objective: Bryan will increase writing skills by keeping a journal daily for reading class, editing write ups for errors himself with mother

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Parent, teacher records, Bryan's self monitoring

Status: Date Started: 10-24-96 Date Mastered: _____ Other: _____

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)
(Use multiple sheets as necessary)

SpEd 6a2
June 95
D.D.

Student: Bryan Alexander Date of IEP: 10-24-96

2 Annual Goal: Bryan will increase independence skills

4 •Short Term Objective: Bryan will continue to use a daily planner to record assignments, tests, projects, and check off as completed.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Bryan will self monitor, teachers records if work completed

Status: Date Started: 10-24-96 Date Mastered: _____ Other: _____

6 •Short Term Objective: Bryan will participate in job awareness testing in 3rd P.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

as monitored by counselling office

Status: Date Started: 10-24-96 Date Mastered: _____ Other: _____

•Short Term Objective: _____

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: _____ Date Mastered: _____ Other: _____

PROVO SCHOOL DISTRICT
Provo, Utah 84604

Sp. Ed. 11
July 94

PARENTAL PRIOR NOTICE

Re: Bryan Messenger Student's Name Date: 7/2/94
Dear Mr & Mrs. Messenger
The Farmer special education multidisciplinary team is considering the following action(s) checked below:

- ☐ Determining the student's eligibility for special education services
☐ A change in special education service delivery
☐ A change in classification for receiving special education services
- ☒ Developing an Individualized Education Program for the student
☐ Reviewing or revising the student's Individualized Education Program
☐ Re-evaluating the student's need for continued special education services
☐ Other _____

1. This action is being proposed because of:

- ☐ Academic concerns ☐ Speech/language concerns ☐ Behavior concerns ☐ Health concerns ☐ Program planning
☒ Continued eligibility to receive special education services ☐ Transition ☐ Other _____

2. Prior to this proposal, the following options were attempted and rejected because concerns expressed in item 1 continue to exist:

- ☐ Student and parent conferences ☐ Academic adjustments and tracking ☐ Schedule/teacher change ☐ Tutoring
☐ School disciplinary actions ☒ Not applicable ☐ Other _____

3. The action proposed above is based on the following evaluation procedures, tests, records, or reports:

- ☐ Teacher observation and records ☐ Achievement test scores ☐ Curriculum-based assessment
☐ Multidisciplinary Team Report ☒ Not applicable ☐ Other _____

4. Other factors relevant to the action proposed above are:

- ☐ Parent concern ☐ Student concern ☒ None ☐ Other _____

Your assistance is requested to: ☐ Sign and return the permission to test form.

☐ Complete the enclosed _____ and return it to us.

☒ Arrange to meet with the team to discuss the above proposed action, as described below.

Proposed Meeting Arrangements

Date: 7/2/94 Time: 7:00 We will be meeting at: Counseling Office
At the present time we anticipate _____ will be meeting with us. Please let us know if this is a convenient time for you so we can finalize the plans for the meeting. If you wish to have someone else attend, you may do so.

Please call Heather at 374-4470 between the hours of 7:30 and 3:00 if you have any questions about the information provided above. A copy of the Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

*** While copy relates



1105654 0-943-207-1
Parental Notice of IEP 9/

RECEIVED

NOV 16 2016

Disability Services

000044

PROVO SCHOOL DISTRICT
Provo, Utah 84604

I. E. P.
GOAL AND OBJECTIVES

Sp. Ed. 5b
July 94

Student Name:

School:

Date:

Annual Goal:

Bryan Messenger
Farmer
Bryan will improve his reading skills.

If service is provided less than daily complete the following:

Circle days served:

Mon. Tue. Wed. Thur. Fri.

Duration of service session (hrs./mins.):

--	--	--	--	--

Measurable Short Term Objectives: (Minimum of two)

1. Bryan will continue to read at home in the evening for 1/2 hr. 5 nights a week. He will report to his Mom on a book every 60 days.
2. Bryan will fully participate in the in-class reading in English. He will participate in the Silent Sustained Reading program, and complete a book report based on that reading.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

Annual Review of Short Term Objectives

Date Reviewed:



Objectives Met



Progress Made



No Change

Comments:

PROVO SCHOOL DISTRICT
Provo, Utah 84604

I. E. P.
GOAL AND OBJECTIVES

Sp. Ed. 5b
July 94

Student Name: Bryan Munsinger School: Farver Date: 7/9/94

Annual Goal: Bryan will improve in written
language.

If service is provided less than daily complete the following:

Circle days served:

Mon. Tue. Wed. Thur. Fri.

Duration of service session (hrs./mins.):

--	--	--	--	--

Measurable Short Term Objectives: (Minimum of two)

1. Bryan will complete 1 spelling lesson per week. He will do the exercises in class, and take the word list home on Monday to work on during the week with his parents. Bryan will achieve scores of 90% or higher on the Friday post tests.
2. Bryan will write journal entries in class at least 2 x a week. 10 line minimum. These entries will be at least 70% accurate in terms of mechanics. Mrs. Memon will work with him to make corrections when needed.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) _____

Informal Assessment (method) _____

Formal Assessment (test) _____

Annual Review of Short Term Objectives

Date Reviewed: _____ ☐ Objectives Met ☐ Progress Made ☐ No Change

Comments: _____

PROVO SCHOOL DISTRICT
Provo, Utah 84604

Sp. Ed. 11
July 94

PARENTAL PRIOR NOTICE

Re: Bryan Messenger
Student's Name

Date: March 24, 1995

Dear Mr. & Mrs. Messenger

The Farner special education multidisciplinary team is considering the following action(s) checked below:

- ☐ Determining the student's eligibility for special education services
- ☐ Developing an Individualized Education Program for the student
- ☐ A change in special education service delivery
- ☐ Reviewing or revising the student's Individualized Education Program
- ☐ A change in classification for receiving special education services
- ☒ Re-evaluating the student's need for continued special education services
- ☐ Other (3 yr. testing)

1. This action is being proposed because of:

- ☐ Academic concerns ☐ Speech/language concerns ☐ Behavior concerns ☐ Health concerns ☐ Program planning
- ☒ Continued eligibility to receive special education services ☐ Transition ☐ Other _____

2. Prior to this proposal, the following options were attempted and rejected because concerns expressed in item 1 continue to exist:

- ☐ Student and parent conferences ☐ Academic adjustments and tracking ☐ Schedule/teacher change ☐ Tutoring
- ☐ School disciplinary actions ☒ Not applicable ☐ Other _____

3. The action proposed above is based on the following evaluation procedures, tests, records, or reports:

- ☐ Teacher observation and records ☐ Achievement test scores ☐ Curriculum-based assessment
- ☐ Multidisciplinary Team Report ☒ Not applicable ☐ Other _____

4. Other factors relevant to the action proposed above are:

- ☐ Parent concern ☐ Student concern ☒ None ☐ Other _____

Your assistance is requested to: ☒ Sign and return the permission to test form.

☐ Complete the enclosed _____ and return it to us.

☐ Arrange to meet with the team to discuss the above proposed action, as described below.

Proposed Meeting Arrangements

Date: _____ Time: _____ We will be meeting at: _____

At the present time we anticipate _____, _____, _____

_____ will be meeting with us. Please let us know if this is a convenient time for you so we can finalize the plans for the meeting. If you wish to have someone else attend, you may do so.

Please call Sandy Messenger at 374-4971 between the hours of 7:30 and 3:00 if you have any questions about the information provided above. A copy of the Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

*** White copy retained in blue folder, yellow copy to parent. ***

000047

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)

SpEd 6
June 95
D.D.

Student Bryan Messenger Birthdate _____ Date of IEP _____
 School Provo Middle School Primary Language of Parent/Guardian English
 Classification Learning Disabilities

Note: In conjunction with this IEP, provide parents with a copy of Procedural Safeguards and Prior Notice/Documentation with IEP and Placement sections completed.

Special Education and Related Services

Special Education Program

Amount of Time: 8 ☐ Daily ☒ Weekly

The following related services are required for student to benefit from special education:

Amount of Time: _____ ☐ Daily ☐ Weekly_____
Amount of Time: _____ ☐ Daily ☐ Weekly☐ Check if transportation will be provided.

Projected date of initiation of these services, if other than date of IEP: _____

Anticipated duration of the services: ☐ One year from initiation date, OR ☐ Other: _____

Participation in Regular Education programs

Regular Education Program

Amount of Time: 19 1/2 ☐ Daily ☒ WeeklyPhysical Education (PE) will be addressed through ☒ Regular PE OR ☐ Special PE

Transition (Applicable for students over 16, or who need transition planning)

☒ Transition planning will be addressed through the student's Student Advisement Program or SEOP☐ Transition planning is addressed on IEP addendum (see attached)

Placement Review (not applicable for initial placement)

— Maintain current placement of:

☒ Regular class/resource ☐ Special class ☐ Special school ☐ Home Instruction ☐ Hosp./Institution

OR

— Change current placement (Complete and attach Documentation of Change of Placement and Prior Notice of change of placement)

Parent signature signifies participation in the development of the IEP and receipt and understanding of Procedural Safeguards.

IEP Participants

<u>[Signature]</u>	<u>8/31/95</u>
LEA signature	Date
<u>[Signature]</u>	<u>8/31/95</u>
Parent signature*	Date
_____ Parent signature*	_____ Date
_____ Student signature	_____ Date
<u>[Signature]</u>	<u>8/31/95</u>
Student's teacher's signature	Date
<u>[Signature]</u>	<u>8/31/95</u>
Signature and Title	Date
_____ Signature and Title	_____ Date

IEP Review Participants

_____ LEA signature	_____ Date
_____ Parent signature*	_____ Date
_____ Parent signature*	_____ Date
_____ Student signature	_____ Date
_____ Student's teacher's signature	_____ Date
_____ Signature and Title	_____ Date
_____ Signature and Title	_____ Date

*Note: If parent signature is missing, check below:

- ☐ did not attend (document efforts to involve parent)
☐ participated but refused to sign
☐ via telephone (copy of IEP/procedural safeguards sent)
☐ other: _____

*Note: If parent signature is missing, check below:

- ☐ did not attend (document efforts to involve parent)
☐ participated but refused to sign
☐ via telephone (copy of IEP/procedural safeguards sent)
☐ other: _____

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)

SpEd 6a1
June 95
D.D.

Student: Lujan Mosenque

Date of IEP: 7/1/95

Present Levels of Performance:

Thoughts: Lujan is a young boy. He appears to have a good understanding of the English language. He is creative. He is a good student. He is a good worker. He is a good friend.

Needs: Lujan has a need for more of written language (writing, grammar, spelling, punctuation, etc.).

Strengths: Lujan is a good student. He is a good worker. He is a good friend. He is a good person.

Annual Goal: Lujan will be able to write a paragraph on a given topic.

•Short Term Objective: Lujan will be able to write a paragraph on a given topic.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: 7/1/95 Date Mastered: 7/1/95 Other:

•Short Term Objective: Lujan will be able to write a paragraph on a given topic.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: 7/1/95 Date Mastered: 7/1/95 Other:

•Short Term Objective: Lujan will be able to write a paragraph on a given topic.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: 7/1/95 Date Mastered: 7/1/95 Other:

Provo School District
Provo, Utah 84604

Individualized Education Program (IEP)

(Use multiple sheets as necessary)

SpEd 6a2
© June 95
D.D.

Student: Leopoldo Rodriguez Date of IEP: 1/18/17

Annual Goal: By the end of the school year, the student will be able to read and understand the main idea of a story.

• Short Term Objective: By the end of the quarter, the student will be able to identify the main idea of a story.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: 1/18/17 Date Mastered: 2/15/17 Other:

• Short Term Objective: By the end of the quarter, the student will be able to identify the main idea of a story.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: 1/18/17 Date Mastered: 2/15/17 Other:

• Short Term Objective:

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: Date Mastered: Other:

Provo School District
Special Education Services
Parental Prior Notice

1105658 0-943-207-1
IEP & parental notice 198

Sp.Ed. 11
Aug. 89

Re: Bryan Messenger
Student's Name

Date: 9-21-89

Dear Mr. & Mrs. Messenger,

The Canyon Crest Special Education Multidisciplinary team is considering the following action(s) checked below:

- | | |
|---|--|
| <input type="checkbox"/> Referral for Evaluation | <input checked="" type="checkbox"/> Developing an Individualized Education Program for the student |
| <input type="checkbox"/> Evaluating the student's special needs | <input type="checkbox"/> Reviewing or revising the student's Individualized Education Program |
| <input type="checkbox"/> Determining the student's eligibility for special education services | <input type="checkbox"/> Re-evaluating the student's need for continued special education services |
| <input type="checkbox"/> A change in Special Education service delivery | <input type="checkbox"/> A change in classification for receiving special education services |
| | <input checked="" type="checkbox"/> Other <u>reviewing testing results</u> |

1. This action is being proposed because of:

- ☒ Academic Concerns ☐ Speech/Language Concerns ☐ Behavior Concerns ☐ Health Concerns ☐ Program Planning
☐ Continued Eligibility to receive special education services ☐ Other _____

2. Prior to this proposal, the following options were attempted and rejected:

- ☐ Student and Parent Conferences ☐ Academic Adjustments and tracking ☐ Schedule/Teacher Change ☐ Tutoring
☐ School Disciplinary Actions ☒ Not Applicable ☐ Other _____

3. The above listed options were rejected because:

- ☐ Concerns expressed in item 1 continue to exist ☒ Not Applicable ☐ Other _____

4. The action proposed above is based on the following evaluation procedures, tests, or records, or reports:

- ☐ Teacher Observation and Records ☒ Achievement Test Scores ☐ Curriculum Based Assessment
☒ Multidisciplinary Team Report ☐ Not Applicable ☒ Other psy. testing

5. Other factors relevant to the action proposed above are:

- ☒ Parent Concern ☐ Student Concern ☐ None ☐ Other _____

Your assistance is requested to: ☐ Sign and return the permission to test form. (Tests to be used as noted on the form.)
☐ Complete the enclosed _____ and return it to us.
☒ Arrange to meet with the team to discuss the above proposed action, as described below.

Proposed Meeting Arrangements

Date: Monday Sept. 25, 1989 Time: 3:00 pm We will be meeting at: Canyon Crest psychologist's office
At the present time we anticipate that Mrs. Bliss, Mrs. Holbrook, Miss Thompson,
_____ will be meeting with us. Please let us know if this is a convenient time
for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so.

Please call Tresa Wallis at 314-4995 between the hours of 8:30 and 4:00 if
you have any questions about the information provided above.

A copy of Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

Sincerely,

Tresa J. Wallis

RECEIVED

NOV 16 2016

Disability Services

000051

Provo School District
Special Education Services
Parental Prior Notice

Sp.Ed. 11
Aug. 89

Re: Bryan Messenger
Student's Name

Date: 9-5-89

Dear Mr. & Mrs. Messenger,

The Canyon Crest Special Education Multidisciplinary team is considering the following action(s) checked below:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Referral for Evaluation | <input type="checkbox"/> Developing an Individualized Education Program for the student |
| <input checked="" type="checkbox"/> Evaluating the student's special needs | <input type="checkbox"/> Reviewing or revising the student's Individualized Education Program |
| <input checked="" type="checkbox"/> Determining the student's eligibility for special education services | <input type="checkbox"/> Re-evaluating the student's need for continued special education services |
| <input type="checkbox"/> A change in Special Education service delivery | <input type="checkbox"/> A change in classification for receiving special education services |
| | <input type="checkbox"/> Other _____ |

1. This action is being proposed because of:

- ☒ Academic Concerns ☐ Speech/Language Concerns ☒ ^{attention span} Behavior Concerns ☐ Health Concerns ☐ Program Planning
☐ Continued Eligibility to receive special education services ☐ Other _____

2. Prior to this proposal, the following options were attempted and rejected:

- ☐ Student and Parent Conferences ☐ Academic Adjustments and tracking ☐ Schedule/Teacher Change ☐ Tutoring
☐ School Disciplinary Actions ☒ Not Applicable ☐ Other _____

3. The above listed options were rejected because:

- ☐ Concerns expressed in item 1 continue to exist ☒ Not Applicable ☐ Other _____

4. The action proposed above is based on the following evaluation procedures, tests, or records, or reports:

- ☐ Teacher Observation and Records ☐ Achievement Test Scores ☐ Curriculum Based Assessment
☐ Multidisciplinary Team Report ☒ Not Applicable ☐ Other _____

5. Other factors relevant to the action proposed above are:

- ☒ Parent Concern ☐ Student Concern ☐ None ☐ Other _____

Your assistance is requested to: ☒ Sign and return the permission to test form. (Tests to be used as noted on the form.)
☐ Complete the enclosed _____ and return it to us.
☐ Arrange to meet with the team to discuss the above proposed action, as described below.

Proposed Meeting Arrangements

Date: _____ Time: _____ We will be meeting at: _____
At the present time we anticipate that _____
_____ will be meeting with us. Please let us know if this is a convenient time
for you so that we can finalize the plans for the meeting. If you wish to have someone else attend with you, you may do so.

Please call Jresa Wallis at 374-4995 between the hours of 9:00 and 3:00 if
you have any questions about the information provided above.

A copy of Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

Sincerely,

Jresa J. Wallis

PROVO SCHOOL DISTRICT
Provo, Utah 84604

I. E. P.
GOALS AND OBJECTIVES

Sp.Ed. 5c
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89

Annual Goal: Bryan will improve reading fluency.

Person Responsible: Iresa Wallis

If service is provided less than daily complete the following:

Circle days served:

M	T	W	R	F
---	---	---	---	---

Duration of service session (hrs./mins.):

--	--	--	--	--

Short Term Objectives: (Minimum of 2)

- 1- Bryan will use phonics to decode words as measured by 80% accuracy on skill lesson informal tests at least 3 times a week and mastery tests as scheduled.
- 2- Bryan will read selected passages from the assigned basal text with 80% accuracy as measured by individual pupil/teacher or aide conference at least 3 times a week.
- 3- Bryan will increase his reading rate of Dolch phrases as measured by 2 min. timings at least 3 times a week.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

modified PT timings conference with teacher or aide, informal phonics tests

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90	3-21-90	5-25-90
Goal Met, Progress Made, No Change	Progress made	Progress made	Progress made	Progress made
Comments/Results:	From 12 to 20 phonic words Completed 2 pre-primers	Completed (passed) 20 phonic tests Completed 3rd pre-primers, 1 story to complete, 1 story to complete, 1 story to complete	Completed (passed) 21 phonic tests Completed Sundin's test and 9 stories in notebook (12) test	#1 passed 20 phonic tests #2 Completed notebook (12) test + 5 stories in skylight test #3 Goal met
	Dolch note page 1 (36 to 72 words)	Completed Dolch page 1	Completed page 2, 3, 4 of Dolch phrases and is working on page 5.	Passed off all 5 pages.

000053

PROVO SCHOOL DISTRICT
Provo, Utah 84604

I. E. P.
GOALS AND OBJECTIVES

Sp.Ed. 5c
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89

Annual Goal: Bryan will increase written language skills.

Person Responsible: Nesa Wallis

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

--	--	--	--	--

Short Term Objectives: (Minimum of 2)

1- Bryan will correctly spell words from the Signs to Sounds program with 80% accuracy as measured by lesson tests at least 3 times a week.

2- Bryan will write ^{selected} letters in manuscript with 100% legibility as measured by daily work samples and bi-monthly informal teacher made tests.

changed to 3rd P. 2-12-90
See Parent Contact Reconn

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

spelling lesson tests, work samples, teacher made tests.

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90	3-21-90	5-25-90
Goal Met, Progress Made, No Change	Progress made	Progress made	Progress made	Progress made
Comments/Results:	#1 Passed 8 spelling tests #2 see writing samples	#1 Passed 20 spelling tests #2 see writing samples & check-ups	#1 Passed 11 tests in spelling program #2 Good progress in cursive	#1 Passed Level I mastery test 55% #2 Done very well on letter formation. needs more work on fluency.

*** White copy retained in blue folder, yellow for school use, pink copy to parent or student. ***

000054

ROVO SCHOOL DISTRICT
Provo, Utah 84604I. E. P.
GOALS AND OBJECTIVESSp.Ed. 5c
Aug. 89Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89Annual Goal: Bryan will improve reading fluency.Person Responsible: Jessa Wallis

If service is provided less than daily complete the following:

Circle days served:

M T W R F

Duration of service session (hrs./mins.):

--	--	--	--	--

Short Term Objectives: (Minimum of 2)

- 1- Bryan will use phonics to decode words as measured by 80% accuracy on skill lesson informal tests at least 3 times a week and mastery tests as scheduled.
- 2- Bryan will read selected passages from the assigned basal text with 80% accuracy as measured by individual pupil/teacher or aide conference at least 3 times a week.
- 3- Bryan will increase his reading rate of Dolch phrases as measured by 2 min. timings at least 3 times a week.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

modified PT timings conference with teacher or aide, informal phonics tests

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90	3-21-90	
Goal Met, Progress Made, No Change	Progress made	Progress made	Progress made	
Comments/Results:	From 12 to 20 phonics words Completed 2 pre-primers	Completed (passed) 20 phonics tests Completed 3rd pre-primers, 2nd story to complete, 1st story in Dolch words	Completed (passed) 21 phonics tests Completed 4th pre-primers Completed 1st story to complete, 1st story in Dolch words	
Dolch words page 1 (36 to 72 words) & 2nd story in Dolch words White copy retained in blue folder, yellow for report up, pink copy to parent or student.				

000055

ROVO SCHOOL DISTRICT
Provo, Utah 84604I. E. P.
GOALS AND OBJECTIVESSp.Ed. 5c
Aug. 89Student Name: Bryan Messenger School: Canyon Crest Date: 9-28-89Annual Goal: Bryan will increase written language skills.Person Responsible: Jessa Wallis

If service is provided less than daily complete the following:

Circle days served:

M	T	W	R	F

Duration of service session (hrs./mins.):

Short Term Objectives: (Minimum of 2)

1- Bryan will correctly spell words from the Signs to Sounds program with 80% accuracy as measured by lesson tests at least 3 times a week.

2- Bryan will write ^{selected} letters in manuscript with 100% legibility as measured by daily work samples and bi-monthly informal teacher made tests.

Change in
Canyon Crest
9-28-90
See Bryan
Contact re.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency)

Informal Assessment (method)

Formal Assessment (test)

spelling lesson tests, work samples,
teacher made tests.

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90	3-21-90	
Goal Met, Progress Made, No Change	Progress made	Progress made	Progress made	
Comments/Results:	#1 Passed 8 spelling tests. #2 see writing samples	#1 Passed 20 spelling tests. #2 see writing samples & challenge writing	#1 Passed 11 tests in spelling program. #2 Good progress in cursive	

*** White copy retained in blue folder, yellow for school use, pink copy to parent or student. ***

000056

RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,
HandwritingStudent: Bryan Messenger
Date: 1989/90 School Year
Grade: 2 Teacher: Heidi Wallis

IEP Goals

Improve Reading Fluency

1. Use phonics to decode words
2. Progress in assigned basal text
3. Increase reading rate of Dolch phrases
4. _____
5. _____
6. _____

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	<u>10-25-89</u>	<u>1-12-90</u>		
Goal Met, Progress Made, No Change	<u>Progress</u> <u>Made</u>	<u>Progress</u> <u>Made</u>		
Comments/Results:	<u>From 15 to 40</u> <u>phonics words</u> <u>Completed 2</u> <u>pre-primers</u> <u>Dolch rate page 1</u> <u>(36 to 72 words)</u>	<u>Completed 20</u> <u>phonics tests</u> <u>Completed 3rd</u> <u>pre-primers,</u> <u>Lesson 1 story to</u> <u>Complete Sentence (1)</u> <u>Text: Completed</u> <u>Dolch page 1 and is</u> <u>working on Dolch p. 2</u>		

Increase Reading Comprehension Skills

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results.				

RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,
HandwritingStudent: Brynn Messenger
Date: 1989-90 School Year
Grade: 2 Teacher: Fresh WallisIEP GoalsProgress in Spelling — Signs for Brenda Spelling Program

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90		
Goal Met, Progress Made, No Change	Progress made	Progress made		
Comments/Results:	Passed 8 spelling tests	Passed 20 spelling tests		

Improve in Handwriting — D'Nealian manuscript.

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89	1-12-90		
Goal Met, Progress Made, No Change	Making Progress	Progress made		
Comments/Results:	See writing samples	See writing samples & check-up test		

Improve in Composition Skills

1. _____
2. _____
3. _____
4. _____

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,
HandwritingStudent: Bryan Messenger
Date: 1989-90 School Year
Grade: 2 Teacher: Heidi Wallis

IEP Goals

Improve Reading Fluency

1. Use phonics to decode words
2. Progress in assigned basal text
3. Increase reading rate of Dolch phrases
4. _____
5. _____
6. _____

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	<u>10-25-89</u>			
Goal Met, Progress Made, No Change	<u>Progress Made</u>			
Comments/Results:	<u>from 1 1/2 to 2 1/2</u> <u>phonics words</u> <u>Completed 2</u> <u>pre-primers</u> <u>Dolch rate page 1</u> <u>(36 to 72 words)</u>			

Increase Reading Comprehension Skills

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

RESOURCE—PROGRESS REPORT

Subjects in Resource: Reading, Spelling,
HandwritingStudent: Brynn Messenger
Date: 1989-90 School Year
Grade: 2 Teacher: Teresa Wallis

IEP Goals

Progress in Spelling — Signa for Sounds Spelling Program

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89			
Goal Met, Progress Made, No Change	Progress made			
Comments/Results:	Passed 8 spelling tests			

Improve in Handwriting — D'Nealian manuscript

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed	10-25-89			
Goal Met, Progress Made, No Change	Making Progress			
Comments/Results:	See writing samples			

Improve in Composition Skills

1. _____
2. _____
3. _____
4. _____

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

000061

PROVO SCHOOL DISTRICT
Provo, Utah 84604

I. E. P.
GOALS AND OBJECTIVES

Sp.Ed. 5c
Aug. 89

Student Name: _____ School: _____ Date: _____

Annual Goal: _____

Person Responsible: _____

If service is provided less than daily complete the following:

Circle days served:

Duration of service session (hrs./mins.):

M	T	W	R	F

Short Term Objectives: (Minimum of 2)

Handwritten notes:
1. To be able to read and write the numbers 1-10.
2. To be able to identify the colors red, yellow, and blue.
3. To be able to identify the shapes circle, square, and triangle.
4. To be able to identify the days of the week.
5. To be able to identify the months of the year.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) _____

Informal Assessment (method) _____

Formal Assessment (test) _____

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

*** While copy retained in blue folder, yellow for school use, pink copy to parent or student. ***

000063

PROVO SCHOOL DISTRICT
Provo, Utah 84604

I. E. P.
GOALS AND OBJECTIVES

Sp. Ed. 5c
Aug. 89

Student Name: Bryan Messenger School: Canyon Crest Date: 10-4-90

Annual Goal: Bryan will improve his reading skills

Person Responsible: Louise Holt

If service is provided less than daily complete the following:

Circle days served:

Duration of service session (hrs./mins.):

M	T	W	R	F

Short Term Objectives: (Minimum of 2)

1. Know selecting each morning for 12-15 min in resource.
2. Use the Ketterman reading "Conquest in Reading" phonics approach. He will achieve an 80% fluency both in visual and auditory as measured by informal tests.
3. Use with the "Immer" basal. Bryan will read passages & complete all 4 skills lessons using the language mostly manipulation and sound word lists daily. He will achieve an 80% accuracy.
4. He will move into the McGraw Hill series as materials become available.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) _____

Informal Assessment (method) H. M. assessments - informal (reading)

Formal Assessment (test) Immer & Leach tests

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

*** White copy retained in blue folder, yellow for school use, pink copy to parent or student. ***

000067

PROVO SCHOOL DISTRICT
Provo, Utah 84604

Sp.Ed.2
Aug. 90

PARENTAL PERMISSION FOR EVALUATION FORM

To the Parent(s) of: Bryan Messenger Date: Aug. 24, 1992
Student's Birthdate: _____ School: Canyon Crest Grade: 5

The purpose of this evaluation is to determine, by testing in several areas, your child's educational and/or social-emotional needs. The tests checked on the back of this form will be given by qualified personnel and will be in the student's primary language with an interpreter when appropriate. Evaluation procedures will be selected and administered free of racial and cultural bias to the greatest extent possible. No single test will be used as sole criterion for making determinations about your child. The evaluation may include individual testing in the areas indicated on the back, observations of the student in a group setting, parent interviews, teacher interviews, and/or a review of existing school records or reports.

As a parent, you are entitled to receive written notice and give written consent before the school initiates an evaluation of your child. If you disagree with the results of this evaluation, you may request an independent evaluation. Contact your local principal if you have questions.

Areas to be evaluated and specific tests which will be used are indicated on the back of this form.

If you have any questions concerning this evaluation, please contact the following person;

Name: Sharon Raby Position: Resource Phone: 221-9873

I DO hereby give my permission for the evaluation requested. I understand that all results will be kept confidential and reviewed with me.

Signature of Parent/Guardian/Surrogate

Date

I DO NOT hereby give my permission for the evaluation requested. I understand that this means my child will not be evaluated by special education for possible placement and service.

Signature of Parent/Guardian/Surrogate

Date

I have received prior notice of this action and I understand and have received a copy of my parental rights.

Initial of Parent/Guardian

Date

PROVO SCHOOL DISTRICT
Provo, Utah 84604

I. E. P.
GOALS AND OBJECTIVES

Sp.Ed. 5b
Aug. 89

Student Name: Stephan Pinnegar School: Canby West Date: 1/3/90

Annual Goal: Stephan will improve his written language skills

Person Responsible: Sharon Cook / Helen Pinnegar

If service is provided less than daily complete the following:

Circle days served:

M	T	W	R	F
2 min	5 min	10 min		

Duration of service session (hrs./mins.):

Short Term Objectives: (Minimum of 2)

1. Stephan will complete written language assignments by due date.

2. Stephan will use proper reading skills to read his written work.

3. Stephan will use correct spelling, punctuation, and capitalization in his writing.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) _____

Informal Assessment (method) Writing portfolio

Formal Assessment (test) _____

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results:				

*** White copy retained in blue folder, yellow for school use, pink copy to parent or student. ***

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PROVO SCHOOL DISTRICT
Provo, Utah 84604

Sp.Ed. 5a
Aug. 89

INDIVIDUALIZED EDUCATION PROGRAM
(I.E.P.)

Student: Brian Messinger Grade: 6 School: Canyon Crest
Birthdate: Parent/Guardian/Surrogate: Kent & Jane Ann Messinger
Phone: 225-7847 Address: 79 W. 1500 N. Zip: 84604

Primary Classification: specific learning disability

Is there a secondary handicapping condition of ☐ Yes ☒ No
Communicative Disorder present?

Amount of time served by Special Education weekly.

Hours: 1 Mins.: 15

Date Services Initiated: 9-14-93

Amount of time student will participate in the regular education program.

Hours: 25 Mins.: 45

Duration of I.E.P.: 9-14-94

Related Services which are required for student to benefit from special education:

Statement of Student's Current Level of Educational Strengths and Weaknesses

Writing is in 5th grade - 72, incomplete 77, 86. Verbal
is in math, science, social studies
Does not do independent reading.

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

☒ Parent ☐ Guardian ☐ Surrogate:

☐ Parent ☐ Guardian ☐ Surrogate:

LEA Representative:

Classroom Teacher:

Special Ed. Teacher:

Counselor/Psychologist:

Speech/Lang./Hearing Specialist:

Student:

Other:

Jane Ann Messinger

9/14/93

Brian L. Brigham

9/14/93

Shawn Katz

9/14/93

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PROVO SCHOOL DISTRICT
Provo, Utah 84604

I. E. P.
GOALS AND OBJECTIVES

Sp.Ed. 5b
Aug. 89

Student Name: Bryan Messinger School: Canyon Crest Date: 9/1/89

Annual Goal: Bryan will improve his written language abilities.

Person Responsible: Sharon Kirby / Rose Cunningham

If service is provided less than daily complete the following:

Circle days served:

Duration of service session (hrs./mins.):

M	T	W	R	F
15 min				

Short Term Objectives: (Minimum of 2)

1. Bryan will have access to a word processor to use for writing assignments.

2. Bryan will have no assignments by the date

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) _____

Informal Assessment (method) Teacher records

Formal Assessment (test) _____

Quarterly Review of Short Term Objectives

	1st	2nd	3rd	4th
Date Reviewed				
Goal Met, Progress Made, No Change				
Comments/Results				

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PROVO SCHOOL DISTRICT
Provo, Utah 84604

Sp.Ed. 5a
Aug. 89

INDIVIDUALIZED EDUCATION PROGRAM (I.E.P.)

Student: Brian M. Mungler Grade: 5 School: Canyon Crest
Birthdate: _____ Parent/Guardian/Surrogate: Kent & Ann M. Mungler
Phone: 202-947 Address: 79 W. 4500 N. Zip: 84604

Primary Classification: Learning Disability - written language

Is there a secondary handicapping condition of _____
Communicative Disorder present? ☐ Yes ☒ No

Amount of time served by Special Education weekly.

Hours: 2 Mins.: 30 in class

Date Services Initiated: 10-5-88

Amount of time student will participate in the regular education program.

Hours: 27 Mins.: _____

Duration of I.E.P.: 1 yr

Related Services which are required for student to benefit from special education:

Statement of Student's Current Level of Educational Strengths and Weaknesses

Student demonstrates ability to achieve high verbal scores
show good verbal ability. Does not like writing
work. struggles with reading. excellent student
has math skills
personality is good
works well in class. is a good student in writing

My signature signifies that I have participated in the development of the goals outlined and that I understand and have received a copy of my parental rights.

Signatures

Date

☐ Parent ☐ Guardian ☐ Surrogate: Kent M. Mungler 10-5-88

☐ Parent ☐ Guardian ☐ Surrogate: _____

LEA Representative: _____

Classroom Teacher: Mr. Mungler 10-5-88

Special Ed. Teacher: Thomas Parker 10-5-88

Counselor/Psychologist: _____

Speech/Lang./Hearing Specialist: _____

Student: _____

Other: _____

*** While copy retained in blue folder, yellow for school use, pink copy to parent or student. ***

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